

L150000042535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

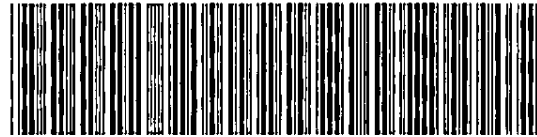
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/03/21--01018--022 **25.00

2021 SEP -3 PM 5:22

END

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And His
w/notice

SEP 14 2021

ALBRITTON

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

WPKEJK, LLC

2. The Articles of Organization were filed on February 26, 2015 and assigned

document number L15000042535

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Written consent of the Members.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: _____

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

William P. Kiley manager
Signature

WILLIAM P. KILEY, MANAGER
Printed Name

FILING FEE: \$25.00

2021 SEP -3 PM 5:22
F-1 C/D

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: WPKEJK, LLC

Document number of Limited Liability Company is: L15000042535

Date of dissolution was: _____

Description of information that must be included in a written claim:

Each written claim must include:

1. The name, address, and telephone number of the claimant.

2. The amount of the claim.

3. The basis for the claim, including the date the claim arose, and any supporting documents.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

WPKEJK, LLC

C/O MacLean and Ema, P.A.

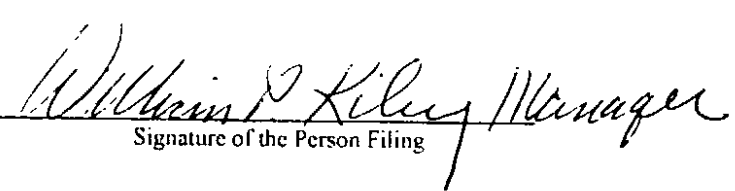
2600 N.E. 14th Street Causeway

Pompano Beach, FL 33062

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

WILLIAM P. KILEY, MANAGER

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00