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(Re	questor's Name)				
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP	MAIT	MAIL			
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Certified Copies	_ Certificate:	s of Status			
Special Instructions to Filing Officer:					
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Office Use Only



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2019 APR -1 PM 6: 06

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COVER LETTER

TO:

Registration Section Division of Corporations

WHENFIELD RESIDENCES, LLC

SUBJECT

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RON OLSEN					
(Name of Person)					
OLSEN, LYNCH & WRIGHT, CPAS					
(Firm/Company)					
334 W OLYMPIA AVE					
(Address)					
PUNTA GORDA FL 33950					
(City/State and Zip Code)					

For further information concerning this matter, please call:

RON OLSEN at (941) 639-0888 (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55,00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is WHENFIELD RESIDENCES, LLC					
2.	The Articles of Organizatio	n were filed on $\frac{03/30}{}$	2015	and assigned		
	document number L150000	55541				
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 605.0707, Florida Statutes, (that resulted in the lir copy 605.0707 on bac	mited liability company's disso k cover letter).	olution pursuant to section		
	NO LONGER IN BUSINESS.					
	 			2019 A		
			·	PR -		
	If there are no members, enactivities and affairs:	er the name and addre	ess of the person appointed to PA	wind up the company's		
		OLSEN, LYNCH & V	WRIGHT CPAS, PA	6. 06 3: 06		
	334 W OLYMPIA AVE		⁄E			
		PUNTA GORDA FL 33950				
6. lis	Signature of an authorized peted above to wind up the cor	person or if there are n npany's activities and	o members, the signature of thaffairs:	ie person appointed and		
	$\sqrt{21}$	2	RONALD OLSEN			
	Signature		Printed N	ame		

FILING FEE: \$25.00

APPROVE AND FILED