

L15000110994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

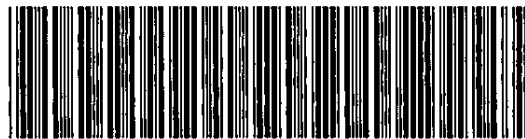
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600293575756

12/27/16--01019--027 **25.00

FILED
16 DEC 27 AM 10 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WISH FLORIDA PROPERTIES LLC
(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:

JENNIFER SALLES-CUNHA
(Name of Person)

WISH FLORIDA PROPERTIES LLC
(Firm/Company)

2053 SEAHAWK CIRCLE
(Address)

PONTE VEDRA BEACH, FL
(City/State and Zip Code)
32082

For further information concerning this matter, please call:

JENNIFER SALLES-CUNHA at 904 226-0903
(Name of Person) (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

WISH FLORIDA PROPERTIES LLC

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

document number L15000110994

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).

BUSINESS FAILURE

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

16 DEC 27 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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:

Jennifer Sales Canha
Signature

JENNIFER SALES-CANHA
Printed Name

FILING FEE: \$25.00