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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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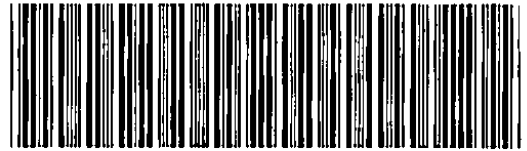
(Business Entity Name)

(Document Number)

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2019 OCT -2 PM 5:17

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OCT 18 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WCS PLUS 1 INVESTMENTS, 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:

WANDA NELSON

(Name of Person)

(Firm/Company)

917 LEE COURT

(Address)

PANAMA CITY, FL 32404

(City/State and Zip Code)

For further information concerning this matter, please call:

WANDA NELSON

(Name of Person)

at (850) 381-0882

(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**

10/2/2019

1. The name of a limited liability company is
WCS PLUS 1 INVESTMENTS, LLC

2019 OCT -2 P.

2. The Articles of Organization were filed on JULY 2, 2015 and assigned
document number L15000113136

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).

THE PARTNERS OF WCS PLUS 1 INVESTMENTS, LLC ARE REQUESTING TO DISSOLVE THE
BUSINESS. WE HAVEN'T BEEN SUCCESSFUL IN GROWING THE BUSINESS AND TURNING A
PROFIT.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: WANDA NELSON 917 LEE COURT PANAMA CITY, FL 32404

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:


Signature

WANDA NELSON

Printed Name

FILING FEE: \$25.00