# 15000165190

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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### **COVER LETTER**

ло:

Registration Section
Division of Corporations

SUBJECT:

WETSOF, 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:

# Robert Byford

(Name of Person)

WETSOFF, LLC

(Firm/Company)

22997 Stagecoach Rd

(Address)

Howe, OK 74940

(City/State and Zip Code)

For further information concerning this matter, please call:

## Robert Byford

(Name of Person)

.808 551-

(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 liab WETSOF, LLC	ility company is		·	
2. The Articles of Organization were filed on 29 September 2015 and assigned				
document number L15000	165190			
(enechv	this block does not meet t	fective on the date of filing: 15 nore than 90 days later than date docur the applicable statutory filing requirent of State's records.	neit is received for ming)	
4. A description of occurrence 605.0707, Florida Statutes,	te that resulted in the lin (copy 605.0707 on back	nited liability company's dissolution (in the cover letter).	ution pursuant to section	
Chief Executive Officer and o	owner moved out of state.			
			العمشترين وجد	
			17 HA	
5. If there are no members, en activities and affairs:	nter the name and addre	ss of the person appointed to w	ind up the companies	
	22997 Stagecoach Rd			
	Howe, OK 74940		>	
	808-551-9521		- June	
6. Signature of an authorized listed above to wind up the co	person or if there are no empany's activities and a	o members, the signature of the affairs:	person appointed and	
Cottant		Robert Byford		
Signature		Printed Name		

**FILING FEE: \$25.00**