L15000 195769

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	те)
(Do	ocument Number)	
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WINDJAMMER ASSOCIATES

LLC

June 2, 2016

Registration Section Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Dear Madam/Sir:

Pursuant to this letter and the enclosed Articles of Dissolution for a Limited Liability Company and the Articles of Amendment to the Articles of Organization of Richard A. Mathurin And Associates, LLC, I am hereby requesting that you dissolve the limited liability company, Windjammer Associates, LLC (document #L15000195369) and change the name of Richard A. Mathurin And Associates, LLC (document #L15000014651) to Windjammer Associates, LLC. In addition, the new address for the newly named Windjammer Associates, LLC is:

3725 SE Ocean Boulevard, Suite 103 Stuart, FL 34996

I am the managing member of both the dissolving LLC and the newly named LLC so I hereby consent that you make these changes. Also enclosed is a check for \$50 for the dissolution fee (\$25) plus the Amendment fee (\$25).

If you have any questions regarding these matters, please don't hesitate to contact me at 619-278-8308. Thank you for your attention to these matters.

Sincerely,

Richard A. Mathurin, Jr. Managing Member

Maked A. Math, Dr.

RAM, Jr./NS Enclosures

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Windjamar/ Assoc	iaks, UC	
(Name of Limited	d Liability Company)	
The enclosed Articles of Dissolution and fee(s) are submitte	d for filing.	
Please return all correspondence concerning this matter to the	ne following:	
Richard Mathuri	n	
(Name	e of Person)	
(Firm/Company)		
271 SW Palm Dry	ve #206	
(A	ddress)	
Port St. Lucir F	1 34986	
(City/State	e and Zip Code)	
For further information concerning this matter, please call:		
and mathing	116 770-0708	
(Name of Person)	at (C/9) 778-8308 (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:	STREET/COURIER ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
Windiaman Associates, CCC
· · · · · · · · · · · · · · · · · · ·
2. The Articles of Organization were filed on
document number <u>L15000</u> 1 <u>75 76 9</u>
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 operations terminated
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Richard A. Mathurin, Tr.
2715W Palm brive #200 ====
Port St. Lucie FL 34986
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:
Mahred A. Matte L. Richard A. Mathurin Tr. Signature Printed Name
Signature Printed Name

FILING FEE: \$25.00