

# L15000198281

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

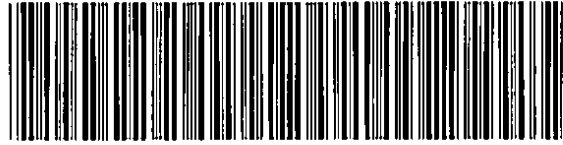
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/14/20--0100  
2020 JAN 14 AM 9:11  
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SECRETARY OF STATE  
TALLAHASSEE, FL

2020 JAN 14 PM 10:50

O SIMMONS

JAN 15 2020

**CORPORATE  
ACCESS;  
INC.**

*When you need ACCESS to the world*

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236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 01/14/2020

☐ **CERTIFIED COPY** \_\_\_\_\_  
**XX** **PHOTOCOPY** \_\_\_\_\_  
☐ **CUS** \_\_\_\_\_  
**XX** **FILING** **DISSOLUTION** \_\_\_\_\_

**WESTERN STAR INVESTMENTS, LLC**

(CORPORATE NAME AND DOCUMENT #)

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

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(CORPORATE NAME AND DOCUMENT #)

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**TAL  
RUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Western Star Investments, LLC

2. The Articles of Organization were filed on November 24, 2015 and assigned

document number L15000198281

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, the 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).

Entity not in use.

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

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

Tyler Painter

Printed Name

**FILING FEE: \$25.00**