L1600003390

| (Re | questor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ry/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE
ALLAHASSEE FLORIS.

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

Webaspa 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:

| Susan Gibson | |
|---------------------------|--|
| (Name of Person) | |
| Webaspa LLC | |
| (Firm/Company) | |
| 654 Cardinal Street E | |
| (Address) | |
| Lehigh Acres, FL 33974 | |
| (City/State and Zip Code) | |

For further information concerning this matter, please call:

| Susan Gibson | _{at (} 239 | , 560-0587 |
|------------------|---------------------|-------------------------------|
| (Name of Person) | (Area Code | e & 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 Webaspa LLC |
|-----------|---|
| 2. | The Articles of Organization were filed on and assigned and assigned |
| | document number L16000003390 |
| 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 b 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 05.0707, Florida Statutes, (copy 605.0707 on back cover letter). |
| | We just never got the business started. |
| 5. | If there are no members, enter the name and address of the person appointed to wind up the company's |
| | activities and affairs: |
| | |
| | Dir. |
| 6. lis | Signature of an authorized person or if there are no members, the signature of the person appointed and ed above to wind up the company's activities and affairs: |
| | Susan Gibson |
| 1 | Signature Printed Name |

FILING FEE: \$25.00