

L16000119 7 99

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

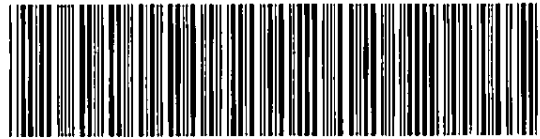
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/16/23--01012--005 **25.00

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2023 FEB 16 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FL 32317

A. RIVERS
APR 29 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wilton Adams 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:

W. F. Vassar, Jr.

(Name of Person)

Wilton Trust

(Firm/Company)

PO Box 252

(Address)

High Springs, FL 32655

(City/State and Zip Code)

For further information concerning this matter, please call:

W.F. Vassar, Jr.

(Name of Person)

352

262-4010

at (

_____) _____
(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of a limited liability company is

Wilton Adams LLC

2. The Articles of Organization were filed on June 20, 2016 and assigned

document number L16000119799

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 unanimous vote of the Members to terminate, wind-up, dissolve and liquidate the Company.

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

W.F. Vassar, Jr.

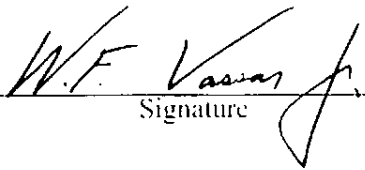
PO Box 252

High Springs, FL 32655

2016 FEB 16 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

W.F. Vassar, Jr., as manager

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Wilton Adams LLC

Document number of Limited Liability Company is: L16000119799

Date of dissolution was: January 31, 2023

Description of information that must be included in a written claim:

Vendor name, invoice date, invoice number, product or service provided, amount unpaid

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

PO Box 252
High Springs, FL 32655

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

W.F. Vassar, Jr.

Printed Name of the Person Filing

W.F. Vassar Jr.
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00