

L16000175095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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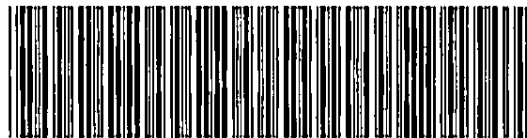
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WiseEye AI, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lauren Weisman

Name of Person

ADVOS legal pllc

Firm/Company

5000 Sawgrass Village Circle, Suite 7

Address

Ponte Vedra Beach, FL 32095

City/State and Zip Code

support@advoslegal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lauren Weisman

Name of Person

at (904) 567-5311

Area Code Daytime Telephone Number

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

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

FIRST: The name of the limited liability company is: WiseEye AI, LLC

SECOND: The Florida Document number of the limited liability company is: L160000175095

THIRD: The date of filing of the initial articles of organization is: 9/19/2016

FOURTH: The date of filing of the dissolution is: 11/2/2021

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

Theodore R. Willich

Ted Willich

Signature of Authorized Representative

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

2022 JAN 26 PM 3:42