

L16000 220 150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

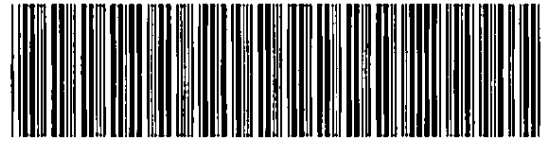
(Business Entity Name)

(Document Number)

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*Effective 01/02/2020*

12/15/19--01015--021 \*\*25.00

RECEIVED  
SECRETARY OF STATE  
CORPORATE DIVISION  
JAN 16 10:10:29

*Dissolution*

JAN 04 2020

D CUSHING

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: WJGCMH 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:

WILLIAM J. GRAY JR  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

420 VIKING DR.  
(Address)

SYCAMORE IL. 60178  
(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM J. GRAY JR. at ( 630 ) 696-2879  
(Name of Person) (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

RECEIVED  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA  
JAN 15 11:30 AM '99

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

WJGCMH LLC

2. The Articles of Organization were filed on 12/5/2016 and assigned

document number L16000220150

3. The delayed effective date the dissolution if not effective on the date of filing: 01/03/2020  
(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).

SOLD ALL ASSETS (REAL ESTATE)

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

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

RECEIVED  
DEPARTMENT OF STATE  
JAN 10 10 46 AM '20

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:

William J. Gray Jr.  
Signature

WILLIAM J. GRAY JR  
Printed Name

FILING FEE: \$25.00