

L17000095623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

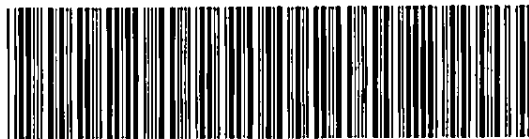
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 11 2021

COVER LETTER

TO: Registration Section
Division of Corporations

Wolipack Distance Club, LLC

SUBJECT: Wolipack Distance Club
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees are submitted for filing.

Please return all correspondence concerning this matter to the following.

Travis Miller

(Name of Person)

Radey Law Firm

(Firm/Company)

301 South Bronough Street, Suite 200

(Address)

Tallahassee, FL 32301

(City/State and Zip Code)

For further information concerning this matter, please call:

Travis Miller

850

425-6654

(Name of Person)

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
Wolfpack Distance Club, LLC
2. The Articles of Organization were filed on 05/01/2017 and assigned
document number 1.17000095623
3. The delayed effective date the dissolution if not effective on the date of filing: Upon 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).
Consent of all of the members (sole member)

Consent of all of the members (sole member)

Consent of all of the members (sole member)

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

c/o Radey Law Firm

301 South Bronough Street, Suite 200, Tallahassee, FL 32301

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:

Michael Phillips
Signature

Mike Phillips

Printed Name

FILING FEE: \$25.00

FILED
MAY 01 2017
TALLAHASSEE, FL
11:06 AM