

L170001041506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

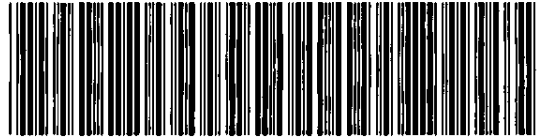
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100312702661

04/30/18--01003--001 \*\*25.00

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2018 APR 30 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 APR 30 AM 8:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4/30/18 DS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Wilson Ventors, 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:

Audrey Wilson  
(Name of Person)  
Wilson Ventors, LLC  
(Firm/Company)  
5907 E. Hwy 22  
(Address)  
Panama City FL. 32404  
(City/State and Zip Code)

For further information concerning this matter, please call:

Audrey Wilson at ( 850 ) 509-7318  
(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/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

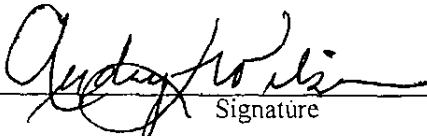
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TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is Wilson Ventors LLC
2. The Articles of Organization were filed on 05/12/2017 and assigned  
document number L17000104806
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).  
Never used it.

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Audrey Wilson  
5907 E. Hwy 22  
Panama City, Fla. 32404

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

Audrey F. Wilson  
Printed Name

FILING FEE: \$25.00

SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

2017 APR 30 AM 8:29

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## 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: Wilson Ventors, LLC

Document number of Limited Liability Company is: \_\_\_\_\_

Date of dissolution was: 4-30-2018

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

closed

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

P.O. Box 593

Lynn Haven, Fla. 32444

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.

Audrey Wilson

Printed Name of the Person Filing

Audrey Wilson

Signature of the Person Filing

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