# L17000135839

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## **COVER LETTER**

TO:	Registration Section
	Division of Corporations

MCLAUCHLIN LAW, P.L.L.C.

(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:

Matthew P. McLauchlin				
(Name of Person)	· <del> ·</del>			
(Firm/Company)				
1835 Van Wert Avenue				
(Address)				
Jacksonville El 32205				

(City/State and Zip Code)

For further information concerning this matter, please call:

Matthew P. McLauchlin 31,904 755-6639

(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

# ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limit MCLAUCHLIN LA	ted liability company is W, P.L.L.C.		
2. The Articles of Org	anization were filed on $\frac{\mathrm{JU}}{\mathrm{U}}$	JNE 22, 2017	and assigned
document number	L17000135839		
Note: If the date ins	(effective date cannot be prior to		ng: e document is received for filing) g requirements, this date will not b
4. A description of oc 605,0707, Florida S	currence that resulted in th tatutes, (copy 605,0707 on	ne limited liability company's back cover letter).	dissolution pursuant to section
	NT OF THE SOLE MEMBE		
5. If there are no mem	bers, enter the name and a	ddress of the person appointed	I to wind up the company
activities and affairs:	s:		
		···	7 7: 2 FLORI
5. Signature of an authisted above to wind up	norized person or if there as the company's activities	are no members, the signature and affairs:	of the person appointed and
WWW V-1	Whar.	MATTHEW P. McLAU	
Sion	iature	Print	ed Name

FILING FEE: \$25.00