

L17000 143 369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

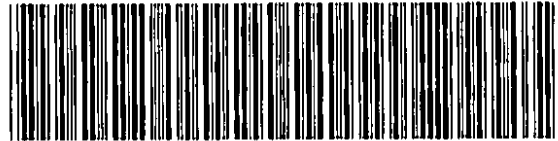
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800324054688

02/04/19--01032--019 **100.00

FILED
2019 FEB -4 AM 11:27
FALL ARIZONA
FALL ARIZONA

D. BRUCE
FEB 11 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WW MOUNTAIN VIEW LLC

Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

LAWRENCE WINNERMAN

Contact Person

WW MOUNTAIN VIEW LLC

Firm/Company

570 SOUTH RIVERSIDE AVENUE

Address

ASPEN, CO 81611

City, State and Zip Code

PA@LARWINN.COM

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

For further information concerning this matter, please call:

LAWRENCE WINNERMAN

Name of Contact Person

at (970)

Area Code

618 0008

Daytime Telephone Number

STREET ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

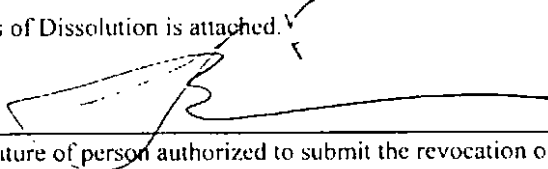
FILED
2019 FEB -4 AM 11:27
TALLAHASSEE, FLORIDA
STATE OF FLORIDA
DIVISION OF CORPORATIONS

FILED

**STATEMENT OF REVOCATION OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

- WW MOUNTAIN VIEW LLC
1. The name of the company is: _____
- L17000143369
2. The document number of the company is _____
- 1/31/2019
3. The effective date the Dissolution was filed is _____
- 1/29/2019
4. The revocation of dissolution was authorized on _____
5. A copy of the Articles of Dissolution is attached. ✓



Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00 ✓
Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

FILED
2019 FEB -4 AM 11:27
TALLAHASSEE, FLORIDA

FILED
Jan 22, 2019
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

WW MOUNTAIN VIEW LLC

The document number of the limited liability company: L17000143369

The file date of the articles of organization: July 3, 2017

The effective date of the dissolution if not effective on the date of filing: January 31, 2019

A description of occurrence that resulted in the limited liability company's dissolution:

STAGNANT BUSINESS GROWTH-BUSINESS NOT BEING USED

The name and address of the person appointed to wind up the company's activities and affairs:

LAWRENCE WINNERMAN
570 S RIVERSIDE AVE
ASPEN, CO 81611

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: LAWRENCE WINNERMAN

Electronic Signature of authorized person