L18000044848

(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



100406833681

04/21/23--01014--008 **25.00



COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	Meghan Wier, LLC				<u>.</u>
	(Name of Lin	nited Liability Company)			
	return all correspondence concerning this matter				
	Margaret Wier				
	(N	lame of Person)			
Meghan Wier, LLC					
	(Firm/Company)				
	5364 Femdale Pl N				
	(Address)				
	Pinellas Park, FL 33782			A.	
	(City/s	State and Zip Code)	THE	18-21 AM 61	
For fu	rther information concerning this matter, please ca	all:	H		
	Margaret Wier	803 3709312			
	(Name of Person)	at ()(Area Code & Daytime Telep	ohone Numb	er)	
Enclose	ed is a check for the following amount:				
	■ \$25.00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of I Certified Copy (additional copy			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314 Tallahassee, FL 32314 Tallahassee, FL 32303					

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is Meghan Wier, LLC					
		02/10/2018			 *	
2.	The Articles of Organization	vere filed on (12/19/2018)	and assigned			
	document number	48				
3.	(effective da Note: If the date inserted in this	dissolution if not effective on the date of te cannot be prior to or more than 90 days later than block does not meet the applicable statutory e date on the Department of State's records.	n date document is receive	ed for fili s date w	ng) ill not be	
4.	A description of occurrence the 605.0707, Florida Statutes, (co	at resulted in the limited liability company py 605.0707 on back cover letter).	y's dissolution pursu	ant to se	ection	
	Business moved to North Carolin	a on January 1, 2023	<u> </u>			
				2623		
			<u> </u>	7; 20 	: j 	
			900 900	=	: ; ;	
5.	If there are no members, enter	the name and address of the person appo	;	ompan	y S	
	activities and affairs:					
					_	
	-		<u> </u>			
6. at	Signature of an authorized per sove to wind up the company's	son or if there are no members, the signat activities and affairs:	ture of the person app	ointed a	and liste	
1	ugaret Wiew	Margaret Wier				
7	Signature Printed Name					

FILING FEE: \$25.00

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:	
Document number of Limited Liability Company is: L18000014848	2673
Date of dissolution was: January 1, 2023	
Description of information that must be included in a written claim:	
Business moved to North Carolina when principle (Margaret Wier) moved to NC.	6: III
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Co	rporations)
141 Anastasia Lane, Lincolnton, NC 28092	
	
	_
	_
A claim against the above named limited liability company will be barred unless a proceedaim is commenced within 4 years after the filing of this notice.	eeding to enforce the
Margaret Wier Margaret 1	Mel
Printed Name of the Person Filing Signature of the Person Filing	erson Filing

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