LI8 CICC 85440

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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2020 MAR - 2 PM 2: 45

MAR 21 2020 S. YOUNG

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: WMJ Properties LLC (Name of Limited Liability Company)		
(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:		
C source I w		
CORGE LUMAX (Name of Person)		
(Name of Person)		
(Firm/Company)		
1		
1311 HERITAGE MANOR DR. UNIT 402		
(Address)		
JALK SUN VILLE FLOKIDA 32207 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
0	0 11 000 -1270	
COUNTY LOMAX	at (<u>904</u>) <u>322 – 1378</u> (Area Code & Daytime Telephone Number)	
(Name of reison)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
·		
\$25.00 Filing Fee and Certificate of Dissolution	S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
	Certified Copy (additional copy is enclosed)	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	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
wmJ Properties LLC
2. The Articles of Organization were filed on $\frac{4-b-20.18}{}$ and assigned
document number <u>L180000 8 5 4 4 5</u>
3. The delayed effective date the dissolution if not effective on the date of filing: ASAP (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).
FORMED COAP, W) INTENT ON TRANSFERRING BENTAL PROPERTY INTO IT.
NÉVER TRANSFERRED AND AM NOW SELLING REALTAL PROPERTY.
SO THE CORARATION MAS NEVER BEEN USED.
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: 68066 LOMAX
1311 HERITAGE MANOR DR. UNIT 402
JACKSONVILLE FL 322-07
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 Const Louax Printed Name Printed Name Signature
Signature Printed Name 多语 1
FILING FEF: \$25.00
TILING FEE: 323.00