

L180000 86693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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800325807408

05/08/19--01028--024 \*\*25.00

FILED

2019 MAR -8 PM 5:02

FILED

C. GOLDEN

MAR 19 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WMC CAPITAL, 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:

William McConville  
(Name of Person)

WMC CAPITAL, LLC  
(Firm/Company)

4474 NW NORTH MACEDO BLVD  
(Address)

PORT SAINT LUCIE, FL 34983  
(City/State and Zip Code)

For further information concerning this matter, please call:

William McConville at 772, 834-2074  
(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

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1. The name of a limited liability company is

WMC CAPITAL, LLC

2. The Articles of Organization were filed on 04/05/2018 and assigned

document number L18000086693

3. The delayed effective date the dissolution if not effective on the date of filing: Immediate  
(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).

No business, no profit only expenses.  
Never got started

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

William McConville  
4474 NW North Macedo Blvd  
Port Saint Lucie, FL 34983

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:

William McConville

Signature

William McConville

Printed Name

FILING FEE: \$25.00