

LIB000222232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

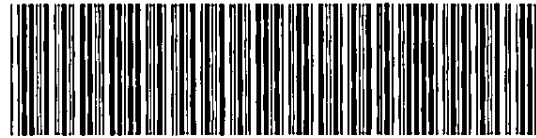
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

DISC.

Office Use Only



200319201582

10/15/18--01008--023 **25.00

FILED
18 NOV 16 AM 8:40
TALLAHASSEE, FLORIDA

K. SALY

NOV 19 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 29, 2018

WESCHLER LLC
CLAUDIO WESCHLER
5245 WINDSOR PARKE DR.
BOCA RATON, FL 33496

SUBJECT: WESCHLER LLC
Ref. Number: L18000222232

We have received your document for WESCHLER LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 618A00022292

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WESCHLER 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:

CLAUDIO WESCHLER
(Name of Person)

WESCHLER LLC
(Firm/Company)

5245 WINDSON PARK DR
(Address)

BOCA RATON FL 33496
(City/State and Zip Code)

For further information concerning this matter, please call:

CLAUDIO WESCHLER at (561) 430 7023
(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

FILED
18 NOV 16 AM 8:40
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

WESCHLER LLC

2. The Articles of Organization were filed on _____ and assigned

document number L18000777232

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

MEMBERS AGREE TO DISSOLVE LLC

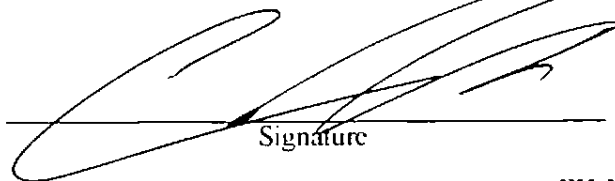
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

CLAUDIO WESCHLER

5245 WILSON PARK DR

DOVER TOWN - FL 33496

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

CLAUDIO WESCHLER
Printed Name

FILING FEE: \$25.00