L18000292636

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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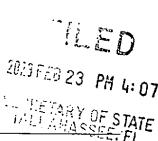
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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	CT: CWH UNIMITED LLC (Name of Limited)	Liability Company)					
The end	:losed Articles of Dissolution and fee(s) are submitted	l for filing.					
Please 1	return all correspondence concerning this matter to the	e following:					
	covey Helwig	of Person)					
CWH unlimited, UC							
(Firm/Company)							
464 S. Aberdeenshire Dr							
FRUIT COVE, FL 32259 (City/State and Zip Code)							
(City/State and Zip Code)							
For further information concerning this matter, please call;							
	Curey Helwig (Name of Person)	at (306) 506 · 7909 (Area Code & Daytime Telephone Number)					
Encloses	I 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	Street Address: Registration Section Division of Corporations					
	P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303					

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



			-0 LU	4: 0
I. The name of a limited liabil	· ·		- TETARY or	^-
<u>cwtl</u> unlimite	d, UC		THE TARY OF	<u>S.TA</u> TE
2. The Articles of Organization	ı were filed on	2/21/2018	and assigned	.,,
document number L18 @	000292634			
3. The delayed effective date the teffective Note: If the date inserted in the listed as the document's effect. 1. The delayed effective date the teffective date in the date inserted in the listed as the document's effect. 2. The delayed effective date the teffective date the teffet date the te	date cannot be prior to or his block does not meet	more than 90 days later that the applicable statutory	filing: 12 31 2022 in date document is received for filing filing requirements, this date will	i) not be
4. A description of occurrence 605.0707, Florida Statutes, (c	that resulted in the lir copy 605.0707 on bac	mited liability compan k cover letter).	y's dissolution pursuant to sec	tion
Clusing compai			φ	
J .	0	0	J -	_
		_		_
				_
7. 16.1		-		_
5. If there are no members, ente				;
activities and affairs:	_ Curly Her	wis		-
	4104 S. A	neerdoenshipe	Dr.	_
	_ FRUIT LOV	e, fi 32259	<u> </u>	_
 Signature of an authorized perboye to wind up the company's 	rson or if there are no activities and affairs	o members, the signatu	are of the person appointed and	- Histed
Corry Helico Signaturo		cure	Helwis inted Name	
Signatur		Pr	inted 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: <u>CWH Unlimited</u> , CCC	
Document number of Limited Liability Company is: <u>L12000292636</u>	
Date of dissolution was: 12/31/2072	
Description of information that must be included in a written claim:	2022 FCB
closing company & no longer whizing	
	12
	PH L
	S AIE
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corp Wyly ltelwig Hoy C Algebra decays have	
464 S. Abserdeenshire DK.	
Frut cove. 12 32259	

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

COVEY HELMS
Printed Name of the Person Filing

Signature of the Person Filing

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