

L190000 65 442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

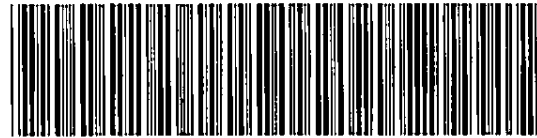
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/25/19--01005--014 **25.00

FILED
2019 SEP 25 PM 1:38

MAILED

OCT 1 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WASHAWAVE 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:

SHELBY-LYN FLICK

(Name of Person)

WASHAWAVE LLC

(Firm/Company)

4708 SALEM DR.

(Address)

NEW PORT RICHEY, FL 34652

(City/State and Zip Code)

For further information concerning this matter, please call:

SHELBY-LYN FLICK

(Name of Person)

at (727) 315-3827

(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**

1. The name of a limited liability company is

WASHAWAVE LLC

2. The Articles of Organization were filed on 03-07-2019 and assigned

document number L19000065442

3. The delayed effective date the dissolution if not effective on the date of filing: 4-20-19
(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).

Voluntary dissolution

2019 SEP 15 PM 1:38

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

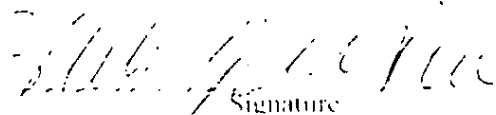
No Employees

Owner Shelby-Lyn Flick

4100 Salem Dr New Port Richey

FL 34653 727-315-3527

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

SHELBY-LYN FLICK
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: Washawave LLC

Document number of Limited Liability Company is: L19000065442

Date of dissolution was: 9-20-19

Description of information that must be included in a written claim:

Voluntary Dissolution

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

4708 Salem Dr, Newport Richey
FL 34652

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.

Shelby-Lyn Flick
Printed Name of the Person Filing

[Signature]
Signature of the Person Filing