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(Requestor's Name)		
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(1	City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL	
			
(Business Entity Name)		
	Document Number)		
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Certified Copies	Certificates of S	tatus	
Special Instructions to F	iling Officer:		
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GREINGE SINE DIVISION OF CORPORATIONS OF THE DIVISION OF THE D

RECEIVED

COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

Waypoint Strategies, LLC						
SUBJECT:(Name of Limited Liability Company)						
The analogad	Articles of Dissolution and foo(s) are submitted	nd for filing				
i ne enciosed a	Articles of Dissolution and fee(s) are submitted	ed for thing.				
Please return a	all correspondence concerning this matter to t	he following:				
	Brian B. Jogerst					
	(Nam	of Person)				
	BH & Associates					
	(Firm/Company)					
	PO Box 11094					
	(Address)					
	Tallahassee, FL 32302) 173 OC 17A1		
	(City/State	e and Zip Code)		2023 OCT 26 PH 2:: "ECRELYNY St. 5.7 "TALL LYNY St. 5.7		
For further information concerning this matter, please call:		P .				
Brian	B. Jogerst	850 at (933-1985	2: 0:		
	(Name of Person)		ode & Daytime Telep	hone Number)		
	eck for the following amount: 0 Filing Fee and Certificate of Dissolution		g Fee, Certificate of D Copy (additional copy			
Regi Divi	ng Address: stration Section sion of Corporations Box 6327	Street Address Registration Division of	<u>s:</u>	is eliciosed)		

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 WAYPOINT STRATEGIES, LLC	·				
2.	2. The Articles of Organization were filed on 11/07/2019	and assigned				
	document number L19000271638					
3.	3. The delayed effective date the dissolution if not effective on the date of fil (effective date cannot be prior to or more than 90 days later than on Note: If the date inserted in this block does not meet the applicable statutory fill listed as the document's effective date on the Department of State's records.	late document is received for filing)				
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to s 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).					
	The consent of all of the members of the company.					
5.	5. If there are no members, enter the name and address of the person appoint activities and affairs:	ed to wind up the company's				
		· · · · · · · · · · · · · · · · · · ·				
						
		OCT RET				
		25				
6. ab	6. Signature of an authorized person or if there are no members, the signature above to wind up the company's activities and affairs:	e of the person appointed and listed				
	Bull Dun	i∰ N				
_/	Signature Brian B. Jogerst Prin	nted Name				
	Cignayar (7	HEG TAUTIC				

FILING FEE: \$25.00