

L19000 271 638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

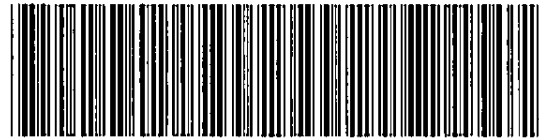
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Waypoint Strategies, 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:

Brian B. Jogerst

(Name of Person)

BH & Associates

(Firm/Company)

PO Box 11094

(Address)

Tallahassee, FL 32302

(City/State and Zip Code)

For further information concerning this matter, please call:

Brian B. Jogerst

(Name of Person)

850

933-1985

at (

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL

1. The name of a limited liability company is
WAYPOINT STRATEGIES, LLC

document number L19000271638

The consent of all of the members of the company.


Signature

Printed Name _____

FILING FEE: \$25.00

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