

6/17/2020

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

**LLC DISSOLUTION OR WITHDRAWAL
WILMA CIRCLE 302 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WILMA CIRCLE 302 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:

ROBERT L. ECKER, ESQ.

(Name of Person)

ECKER, ECKER & ASSOCIATES, LLP

(Firm/Company)

80 BUSINESS PARK DRIVE, SUITE 204

(Address)

ARMONK, NEW YORK 10504

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT L. ECKER, ESQ.

(Name of Person)

at (914) 273-0777

(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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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

2020 JUN 17 PM 12:35

1. The name of a limited liability company is
WILMA CIRCLE 302 LLC
2. The Articles of Organization were filed on APRIL 28, 2020 and assigned
document number L20000113171
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).
THE CONSENT OF ALL THE MEMBERS

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

c/o Pappas Realty Co., 33-20 Broadway, Astoria, New York 11106

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:

Paulette V. Pappas
Signature

PAULETTE V. PAPPAS
Printed Name

FILING FEE: \$25.00

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