L20000330205

(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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08/05/25--01020--025 **25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP

# COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WHA ENTERPRISES 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:

Hamza Hamour
(Name of Person)

WHA ENTERPRISES LLC
(Firm/Company)

2020 N. Main Street
(Address)

Kissimmee, FL 34744
(City/State and Zip Code)

For further information concerning this matter, please call:

Hamza Hamour at ( 407 ) 552-1984
(Name of Person) (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, FLORIDA

# ARTICLES OF DISSOLUTION
# FOR
# A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

   WHA ENTERPRISES LLC

2. The Articles of Organization were filed on 10/24/2020 and assigned

   document number L20000330205

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2024
   (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).

   Per Operating Agreement rules for dissolution, a call for the LLC members to vote to dissolve was made, and a majority decision agreed to dissolve.

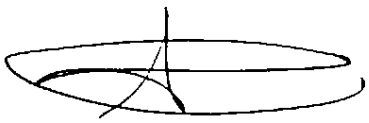
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

   Hamza Hamour

   2020 N. Main Street

   Kissimmee, FL 34744

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

Hamza Hamour
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: WHA ENTERPRISES LLC

Document number of Limited Liability Company is: L20000330205

Date of dissolution was: 12/31/2024

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

Closed business.

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

2020 N. Main Street

Kissimmee, FL 34744

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Hamza Hamour
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**