

L21 000 191 818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

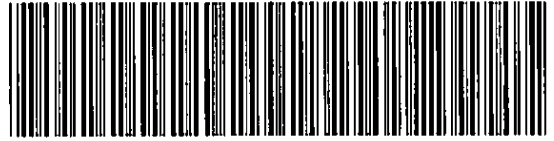
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200406080182

04/17/23--01009--018 **25.00

6/20/23
VLM

STATE
CLERK

2023 APR 17 PM 4:48

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: William Dene Whitaker 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:

William Dene Whitaker
(Name of Person)

(Firm/Company)

2261 Kearney Ave
(Address)

Naples FL 34117
(City/State and Zip Code)

For further information concerning this matter, please call:

William Whitaker at (239) 933-7272
(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

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

1. The name of a limited liability company is

William Dene Whitaker LLC

2. The Articles of Organization were filed on 4-26-2021 and assigned

document number L21000191818

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).

No longer needed, no assets

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

William Dene Whitaker

2261 Kearney Ave

Naples, FL 34117

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:

William Dene Whitaker
Signature

William Dene Whitaker
Printed Name

FILING FEE: \$25.00

FILED

2021 APR 27 PM 4:28
SECRETARY OF STATE