

L21000193297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☒

MAIL

(Business Entity Name)

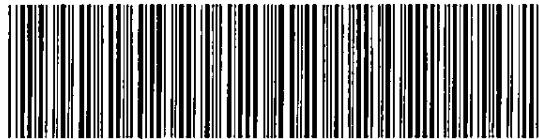
(Document Number)

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01/19/24--01002--018 \*\*25.00

2024 JAN 19 PM 5:11  
STATE  
TALLAHASSEE, FL

RECEIVED  
2024 JAN 19 PM 12:40  
NOTARY PUBLIC  
TALLAHASSEE, FL 32304

R. HUNT  
01/19/24

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 2502 Wholesale 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:

Antwain Winfield  
(Name of Person)  
  
(Firm/Company)  
2740 W Tharpe St 404  
(Address)  
Tallahassee, Florida 32303  
(City/State and Zip Code)

STATE  
FL

PM 5:11

10

For further information concerning this matter, please call:

Antwain Winfield at (850) 661-2455  
(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

2502 Wholesale LLC

2. The Articles of Organization were filed on 8-26-2021 and assigned

document number L21000143297

3. The delayed effective date the dissolution if not effective on the date of filing: 1-19-2024  
(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).

No funds to get the business going

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

Antwain Winfield  
2740 W Tharpe St 404  
Tallahassee, Florida 32303

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

Antwain Winfield

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: \_\_\_\_\_

Document number of Limited Liability Company is: \_\_\_\_\_

Date of dissolution was: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

\_\_\_\_\_  
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**