# L22000/19703

(Requestor's Name)	
(Address)	9004184
(Address)	300-110-
(City/State/Zip/Phone #)	
(Business Entity Name)	01/19/240100
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer.	
mAi Lout	
Office Use Only	



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### **COVER LETTER**

Registration Section
Division of Corporations

TO:

Division of Corporations	
SUBJECT: Winfield Busine	ess Solution LLC Liability Company)
(Name of Limited	Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted	I for filing.
Please return all correspondence concerning this matter to the	e following:
ANTWain W	linfield
(Name	of Person)
	~ ?
(Firm/C	Company)
27112 WTL	3+
<u>2/40 / narg</u>	104 (ddress)
· ·	1 A (nc) 7
Iallahassee, F	Ton: Au 32303 PE ST and Zip Code)
(City/State	and Zip Code)
	Ltt. W
For further information concerning this matter, please call:	
Antwain Winfield	at ( 250 ) 661-2455 (Area Code & Daytime Telephone Number)
(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 &
El \$25.00 Filing ree and Certificate of Dissolution	Certified Copy (additional copy is enclosed)
	Street Address:
Mailing Address: Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314	Tallahassee, FL 32303

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is  Winfield Business Solution LLC.
2.	The Articles of Organization were filed on $3-4-\lambda0\lambda\lambda$ and assigned
	document number <u>L22000119703</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: 1-14-2024  (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:  ANT WAIN WINTIELA  ANT WAIN WINTIELA  Tallah 4 5568 Florida 32303
	2740 W Thanke St 404 &
	Tallahassee, Florida 32303
6 a	Signature of an authorized person or if there are no members, the signature of the person appointed and listed bove to wind up the company's activities and affairs:
	ANTWAIN WINFIELD
	Signature

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 Corporation 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.

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

Printed Name of the Person Filing

Signature of the Person Filing