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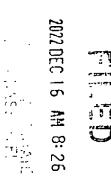
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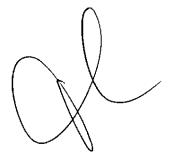
Office Use Only



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### **COVER LETTER**

Division of Corporations		
West Coast Shutter Up LLC		
SUBJECT:	(Name of Limited Liability Company)	
The enclosed Articles of Dissolution and for Please return all correspondence concerning		
Sandra K Fricke		
	(Name of Person)	_
	(Firm/Company)	, <u>(</u>
27354 Ernest Croft Road		MZZUEC 16 AM O
	(Address)	- <u>:</u>
Dade City, FL 33525		- (⁄o` - ≥
	(City/State and Zip Code)	- · · · · · · · · · · · · · · · · · · ·
For further information concerning this ma	itter, please call:	: 1
Sandra K Fricke	954 954-818-5136 at () (Area Code & Daytime Telephone Nur	
(Name of Person)	) (Area Code & Daytime Telephone Nur	nber)
Enclosed is a check for the following amount:		
	Dissolution   \$55.00 Filing Fee, Certificate of Dissolution  Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section	Street Address: Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

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

		A LIMITED LIAB	LITY COMPANY			2022 DE 0
1.	The name of a limited liability West Coast Shutter Up, LLC	y company is			12.5 V	) DEC 16
2.	The Articles of Organization		22	and assigned	(0)	AH 8: 26
	document number 1.22000486	5871	_		الاستانية	26
3.	The delayed effective date the (effective of Note: If the date inserted in the listed as the document's effective date.	is block does not meet th	e applicable statutory filing	HOCUMENT IS TECCIVE	d for filing date will	not be
4.	A description of occurrence 605.0707, Florida Statutes, (c	that resulted in the limi opy 605.0707 on back	ted liability company's d cover letter).	issolution pursua	nt to sec	tion
	We needed to establish a LLC t	o work for an established	company and our services	are no longer need	ed.	_
		4.15				_
						_
5.	If there are no members, ento activities and affairs:	er the name and address Sandra K Fricke	s of the person appointed	to wind up the co	ompany'	- s -
		27354 Ernest Croft Roa	d. Dade City Fl. 33525	···		_
						_
		···			<del></del> -	_
6. ab	Signature of an authorized pove to wind up the company	erson or if there are no activities and affairs:	members, the signature of	of the person appo	ointed an	d listed
	2. 6 6	5:1				
1	Signature	J-MM	Sandra K Fricke Printe	d Name		_

FILING FEE: \$25.00

# Notice of Limited Liability Company Dissolution

## NOTE: This page is optional

unknown claims against this limited liability company as pro	<del></del> '	
This "Notice of Limited Liability Company Dissolution" is voluntary dissolution.	s optional and is not required when filing	a i
Name of Limited Liability Company:	(A)	· . :
Name of Limited Liability Company:  Document number of Limited Liability Company is:	<u>્રા</u> મ	·
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 velaim is commenced within 4 years after the filing of this no		rce th
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