

(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:
Special instructions to a ming Officer.





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## **COVER LETTER**

TO:

(O: Registration Division of C					
Waldror	n fences LLC				
	(Name of Limi	ted Liability Compa	any)		
he enclosed Articles	of Dissolution and fee(s) are submi	tted for filing			
	spondence concerning this matter to	_			
Jacol	b Waldron				
<del>11</del>	(Na	me of Person)	<del></del> .		
Walc	dron fences LLC				
	(Fig	m/Company)			
224 9	spring street				
	<del></del>	(Address)			
St. A	ugustine Florida 32084				
	(City/St	ate and Zip Code)	<del></del>		
or further informatio	n concerning this matter, please call	;			
Jacob Waldron		904 at (	4296792		
	(Name of Person)		at ()(Area Code & Daytime Telephone Number)		
nclosed is a check for t	he following amount:				
<b>\$25.00</b> Filing	■ \$25.00 Filing Fee and Certificate of Dissolution		☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)		
Mailing Add	ress:	Street Addres	<u>s:</u>		
	Registration Section Registration S		Section		
P.O. Box 6	ion of Corporations  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

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## 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: Waldron fences LLC
Document number of Limited Liability Company is: L23000053214
Date of dissolution was: 3/14/2023
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)
904fences@gmail.com
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  904fences@gmail.com  224 Spring St. St. Augustine FL, 3204
12:
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.
ctains is commenced within 4 years after the timing of this horice.
Jacob Waldron
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