

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000440293 3)))



H21000440293ABCZ

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : HILL WARD HENDERSON  
Account Number : 072100000520  
Phone : (813)221-3900  
Fax Number : (813)200-5995

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 DEC -2 AM 11:30

FILED

**LLC DISSOLUTION OR WITHDRAWAL  
WEST WATERS PROPERTIES, L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

DEC - 3 2021

S. PRATHER

((H21000440293 3)))

**ARTICLES OF DISSOLUTION  
OF  
WEST WATERS PROPERTIES, L.C.  
(1.96000000260)**

**ARTICLE I**

The name of the limited liability company is West Waters Properties, L.C. (the "Company").

**ARTICLE II**

The Articles of Organization were filed on March 6, 1996, and assigned document number L96000000260.

**ARTICLE III**

The effective date of the Company's dissolution is the date of the filing of these Articles of Dissolution.

**ARTICLE IV**

The Company is being dissolved pursuant to the Action by Written Consent of the Members of the Company dated December 1, 2021.

Dec 1, 2021



Scott Skornschek, Authorized Person

2021 DEC -2 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

((H21000440293 3)))

### Notice of Limited Liability Company Dissolution

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: WEST WATERS PROPERTIES, L.C.

Document number of Limited Liability Company is: 1.06000000260

Date of dissolution was: see Articles of Dissolution

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

IF YOU FEEL THAT YOU HAVE A POSSIBLE CLAIM, PLEASE CONTACT IN WRITING THE PERSON

NAMED BELOW WITH A DETAILED DESCRIPTION OF THE NATURE AND AMOUNT OF THE ASSERTED

CLAIM.

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

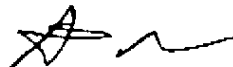
5433 LAKE LECLARE ROAD

LUTZ, FL 33558

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.

Scott Skornschek

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 DEC -2 AM 11:30

FILED