

L99000007467

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SEP 19 7:11
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WNC FLORIDA, 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:

BRADLEY VALLEJO
(Name of Person)

WNC AND ASSOCIATES, INC.
(Firm/Company)

17782 SKY PARK CIRCLE
(Address)

IRVINE, CA 92614
(City/State and Zip Code)

For further information concerning this matter, please call:

BRADLEY VALLEJO at (949) 236 - 8137
(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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of a limited liability company is

WNC FLORIDA, LLC

2. The Articles of Organization were filed on 11/04/1999 and assigned

document number L99000007467

3. The delayed effective date the dissolution if not effective on the date of filing: EFFECTIVE UPON DATE OF FILING
(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).

THE COMPANY'S PURPOSE HAS CEASED.

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

DAVID N. SHAFER

17782 SKY PARK CIRCLE

IRVINE, CA 92614

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

DAVID N. SHAFER
Printed Name

PRESIDENT OF SHELTER RESOURCE CORPORATION
FILING FEE: \$25.00
MANAGER OF WNC FLORIDA, LLC