M18 00000 8241

(Re	equestor's Name)	
(Ac	ldress)	
	dress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP		MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	ly

۳. . .

. .



.

RECENTED

04/20/21--01008--006 **25.00







FLORIDA DEPARTMENT OF STATE Division of Corporations

June 9, 2021

CHARLES O'BRIEN 1376 WESTBROOK ST PORTLAND, ME 04102

SUBJECT: WIND'S WILL LLC Ref. Number: M18000008241

We have received your document for WIND'S WILL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce Corporate Records Supervisor II

Letter Number: 421A00012747



www.sunbiz.org



COVER LETTER

TO: Registration Section Division of Corporations

Wind's Will, LLC

SUBJECT: _____

(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:

Charles O'Brien

(Name of Person)

Wind's Will, LLC

(Firm/Company)

1376 Westbrook St

(Address)

Portland, ME 04102

(City/State and Zip Code)

For further information concerning this matter, please call:

■ \$25.00 Filing Fee and Certificate of Dissolution

Charles O'Brien 207 232-5253 (Name of Person) at (_____) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount:

> S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

2621 JUN -9 PM 2: 31

: :: :)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is Wind's Will, LLC

2. The Articles of Organization were filed on ______ and assigned

document number M1800008241

- 3. The delayed effective date the dissolution if not effective on the date of filing: 05/01/2021 (effective date cannot be prior to or more than 90 days later than date document is received for filing) <u>Note:</u> 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).

Wind's Will, LLC will no longer be doing business in the State of Florida

Wind's Will, LLC will no longer be doing business in the State of Florida

Wind's Will, LLC will no longer be doing business in the State of Florida

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

activities and affairs:

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

Charles O'Brien

Printed Name

H-9 PH

FILING FEE: \$25.00

COVER LETTER

TO: Registration Section Division of Corporations

Wind's Will, LLC

SUBJECT:

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charles O'Brien

(Name of Person)

Wind's Will, LLC

(Firm/Company)

1376 Westbrook St.

(Address)

Portland, ME 04102

(City/State and Zip Code)

For further information concerning this matter, please call:

Charles O'Brien		207 at (773-5610		إذربي ا	4
(Name of Person)			2 Daytime Telephone Number)		0- I:	
<u>Mailing Address:</u> Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Sui Tallahassee, FL 32303	te 810	PH 2: 31	3
Enclosed is a check for the follow	wing amount:					
□\$25 Filing Fee □ \$30 Filin Certifie	ng Fee & ate of Status	□\$55 Filing Fee & Certified Copy	\$60 Filing Fee. Certificate of Status & Certified Copy			
HECKALREADY SUBMI	「三」、ろ	EE ATTACH	IEIJ			

202

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

	(Name of limited liability company)	
	Delaware	
	(Jurisdiction of its organization)	
	08/03/2018	
<u>+,+</u>	(Date registered with Florida Department of State)	
	M18000008241	

This limited liability company is withdrawing its certificate of authority in this state.

05/01/2021 Effective Date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after 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.

(Signature of authorized representative)

J.

دى

Charles O'Brien

(Typed or printed name of signee)