P05000159275

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	е)
(Dod	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to f	Filing Officer:	

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LERETARY DE STATE

COVER LETTER

TO: Amendment Section

Division of Corporations SUBJECT: WSE of Florida, Inc DOCUMENT NUMBER: P05000159275 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Wendy Spriggs (Name of Contact Person) WS Enterprises (Firm/Company) 4606 Roberts Rd (Address) Land O Lakes, FL 34639 (City/State and Zip Code) For further information concerning this matter, please call: Wendy Spriggs (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: \$35 Filing Fee \$\sum \$43.75 Filing Fee & \$\sum \$43.75 Filing Fee & \$\sum \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) MAILING ADDRESS: STREET ADDRESS: Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	WSE of Florida, Inc
SECOND:	The document number of the corporation (if known): P05000159275
THIRD:	The date dissolution was authorized: 12/01/2006
	Effective date of dissolution if applicable: 12/31/2006
	(no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for disso was sufficient for approval.
	Dissolution was approved by the shareholders through voting groups.
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
	(voting group)
S	Signature: (By a director, president or other bifficer / if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by
	that fiduciary)
	Wendy Spriggs
	(Typed or printed name of person signing)
	Registered Agent /// >
	(Tifle of person signing) Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: Name of Creditor Date of Transaction Description of transaction		Name of Corporation: WSE of Florida, Inc
Name of Creditor Date of Transaction Description of transaction		
Date of Transaction Description of transaction		Description of information that must be included in a claim:
Description of transaction		Name of Creditor
		Date of Transaction
		Description of transaction
Purchase Order#	_	Purchase Order#
Contact information		Contact information
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Wendy Spriggs 4606 Roberts Rd		Wendy Spriggs 4606 Roberts Rd
Land O Lakes, FL 34639 A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced.	iced	
Wendy Spriggs Printed Name of the Person Filing Wendy Spriggs Signature of the Person Filing	_	Wendy Spriggs Wendy Abril

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00