

P99000 100505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

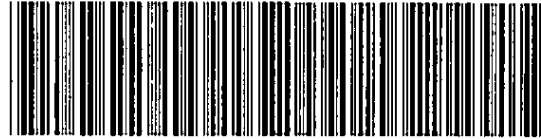
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/15/21--01027--013 **52.50

FILED
2021 MAR 15 PM 6:20
SECRETARY OF STATE
TALLAHASSEE, FL

February 24, 2021

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: West Interlink, Inc.
1435 SE 14th Street
Fort Lauderdale, FL 33316
Document Number: P99000100505
Tax ID: 65-0966943

Dear Sirs:

Enclosed are two original signed copies of the Florida Articles of Dissolution and Notice of Corporate Dissolution for West Interlink, Inc. referenced above.

We have enclosed a check in the amount of \$52.50 for the filing fee, certificate of status and a certified copy.

Also, enclosed is a self addressed envelope to be utilized by you with a return address of:

Marcia Ferkovich
Sides & Ferkovich Accountancy Corporation
11211 Gold Country Blvd. Suite 105
Gold River, CA 95670

Sincerely,



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of West Interlink, Inc.

DOCUMENT NUMBER: P99000100505

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marcia Ferkovich

(Name of Contact Person)

Sides and Ferkovich Accountancy Corporation

(Firm/Company)

11211 Gold Country Blvd., Suite 105

(Address)

Gold River, CA 95670

(City/State and Zip Code)

For further information concerning this matter, please call:

Marcia Ferkovich

(Name of Contact Person)

at (916) 631-1730

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed) |
|--|--|---|--|

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee

FILED

ARTICLES OF DISSOLUTION 2021 MAR 15 PM 6:21

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

FIRST: The name of the corporation as currently filed with the Florida Department of State:
West Interlink, Inc.

SECOND: The document number of the corporation (if known): P99000100505

THIRD: The date dissolution was authorized: 12/31/2020

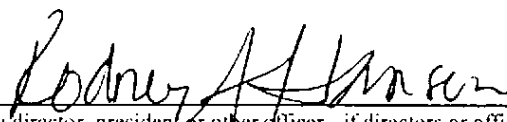
Effective date of dissolution if applicable: 12/31/2020

(no more than 90 days after dissolution file date)

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.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

Signature:



(By a director, president, or other officer - 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)

Rodney A. Hansen

(Typed or printed name of person signing)

Officer

(Title 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.

Name of Corporation: West Interlink, Inc.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: December 31, 2020

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

Details and amount of claim being asserted

Name of the party asserting the claim

Any other pertinent details regarding the claim necessary to validate unknown claims

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

Sides and Ferkovich Accountancy Corporation

11211 Gold Country Blvd., Suite 105

Gold River, CA 95670

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Rodney A. Hansen

Printed Name of the Person Filing


Signature of the Person Filing