

L01070020337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

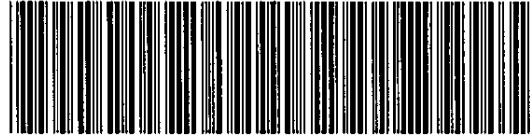
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN - 2 2015
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HUXTER'S, 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:

SALLY F COLEMAN PER REP FOR JAMES A FRIZZELL ESTATE
(Name of Person)

SALLY FRIZZELL COLEMAN CPA, P.A.
(Firm/Company)

PO BOX 2620
(Address)

FORT MYERS, FL 33902
(City/State and Zip Code)

For further information concerning this matter, please call:

SALLY FRIZZELL COLEMAN at (239) 337-1973
(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
HUXTER'S, LLC

2. The Articles of Organization were filed on 11/27/2001 and assigned
document number L01000020337

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).
BUSINESSES WERE SOLD DUE TO OWNER'S DEATH.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: SALLY FRIZZELL COLEMAN
PO BOX 2620
FORT MYERS, FL 33902

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

SALLY FRIZZELL COLEMAN
Printed Name

FILING FEE: \$25.00

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