

L14 000 169 453

(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



800287337828

800287337828
06/29/16--01004--018 **55.00

2016 JUN 29 PM 12:17
STATE
TALLAHASSEE, FL 32304

JUN 30 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: My Pets Pride, 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:

Dennis C Gomas

(Name of Person)

My Pets Pride, LLC

(Firm/Company)

278 Greenwich Circle

(Address)

Spring Hill, FL 34609

(City/State and Zip Code)

For further information concerning this matter, please call:

Dennis C Gomas

(Name of Person)

at (352) 556-3131

(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

My Pets Pride, LLC

2. The Articles of Organization were filed on November 12, 2014 and assigned

document number L14000169453

3. The delayed effective date the dissolution if not effective on the date of filing: 6/25/2016
(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).

Company could not make a profit and owners were burdened from their personal finances to meet

expenses of creditors and general operating costs.

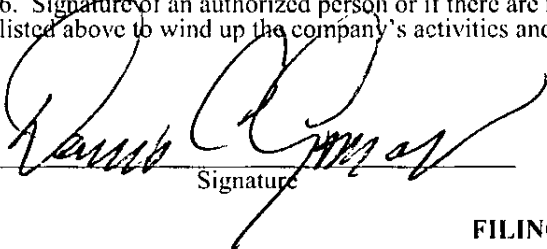
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Dennis C Gomas

278 Greenwich Circle

Spring Hill, Fl 34609

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

Dennis C Gomas

Printed Name

FILING FEE: \$25.00

15 JUN 29 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA