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Division of Corporations

Florida Department of State
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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : ROGERS, TOWERS, BAILEY, ET AL
 Account Number : 076666002273
 Phone : (904)398-3911
 Fax Number : (904)396-0663

**LLC DISSOLUTION OR WITHDRAWAL
 APPEM ENTERPRISES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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**ARTICLES OF DISSOLUTION
OF
APPFAM ENTERPRISES, LLC**

Pursuant to Section 605.0707, Florida Statutes, APPFAM ENTERPRISES, LLC, a Florida limited liability company (the "Company"), submits the following Articles of Dissolution:

**ARTICLE I
NAME**

The name of the Company is: **APPFAM ENTERPRISES, LLC.**

**ARTICLE II
ADOPTION OF DISSOLUTION**

The occurrence that resulted in the Company's dissolution was the requisite written consent of all the members of the Company in accordance with Section 605.0701(2), Florida Statutes.

**ARTICLE III
EFFECTIVE DATE**

The effective date of the dissolution will be on the date on which these Articles of Dissolution are filed by the Secretary of State of the State of Florida.

IN WITNESS WHEREOF, the undersigned, being a duly authorized member of the Company, has caused these Articles of Dissolution to be executed on April ~~21~~ 2022.

28, 1982, as Amended and Restated

By: CSA
Name: Charles C. Appleby
Its: Trustee

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SECRETARY OF STATE

**NOTICE OF LIMITED LIABILITY COMPANY DISSOLUTION
OF
APPFAM ENTERPRISES, LLC**

This Notice of Limited Liability Company Dissolution is submitted by **APPFAM ENTERPRISES, LLC**, a dissolved Florida limited liability company (the "Company"), for resolution of payment of unknown claims against this Company as provided in Section 605.0712, Florida Statutes. Persons who have claims against the Company which are not known to the Company are requested to present them in accordance with this Notice.

1. Name of Limited Liability Company: **APPFAM ENTERPRISES, LLC.**
2. Date of Dissolution will be the date the dissolution is filed by the Secretary of State of the State of Florida.
3. Description of information that must be included in a claim:
 - a. Name, address and phone number of the claimant;
 - b. The amount of the claim;
 - c. The date the claim arose; and
 - d. A description of the nature of the claim in sufficient detail so as to enable the Company to evaluate the merits of such claim.
4. Claims made pursuant to this Notice of Limited Liability Company Dissolution must be in writing.
5. Mailing address where claims can be sent:

775 NW Flagler Ave
Apt 301
Stuart, FL 34994
6. A claim against the above named limited liability company will be barred unless an action to enforce the claim is commenced within four (4) years after the filing of this Notice of Limited Liability Company Dissolution.

[Signature Page to Follow]

IN WITNESS WHEREOF, this Notice of Limited Liability Company Dissolution has been executed on behalf of the Company by the undersigned.

The Charles C. Appleby Living Trust of October 28, 1982, as Amended and Restated

By: CEA
Name: Charles C. Appleby
Its: Trustee

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