

216000138040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

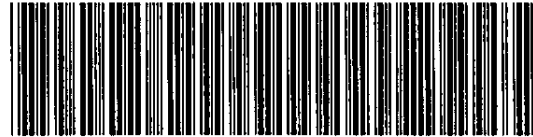
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/25/18--01009--002 **25.00

FILED
18 MAR 12 AM 9:49
TALLAHASSEE, FLORIDA

MAR 13 2018

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00524



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2018

ROBERT RUNNELS
PO BOX 473
INGLIS, FL 34449

SUBJECT: ADELINE LLC
Ref. Number: L16000138040

We have received your document for ADELINE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Second Request. We received the optional page of Notice of Dissolution you submitted. However, the Articles of Dissolution form must be completed in order to file the dissolution. Please complete the enclosed form.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 118A00003493

RECEIVED
2018 MAR 12 AM 10:52
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

RECEIVED

FEB 14 2018

TO: Registration Section
Division of Corporations

SUBJECT: ADELINE LLC

DOCUMENT NUMBER: L16000138040

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT RUNNELS

(Name of Contact Person)

(Firm/Company)

P O BOX 473

(Address)

INGLIS, FL 34449

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL OESTERLE

(Name of Contact Person)

at (321)

(Area Code)

473-8705

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

(Additional copy is enclosed)

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

(Additional copy is enclosed)

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

BT

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Adeline LLC

2. The Articles of Organization were filed on _____ and assigned

document number L16000138040

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/17
(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).

Business closed on Dec 31, 2017

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

Robert Runnels

PO Box 473

Ingles PI 34449

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:

Robert E. Runnels
Signature

Robert E. Runnels
Printed Name

FILING FEE: \$25.00

FILED
18 MAR 12 AM 9:49
TALLAHASSEE, FLORIDA

Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

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

Name of Limited Liability Company: ADELINE LLC

Document number of Limited Liability Company is: L16000138040

Date of dissolution was: 12/31/2017

Description of information that must be included in a written claim:

BUSINESS CLOSED ON DEC. 31, 2017

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

ADELINE LLC

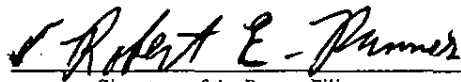
P O BOX 473

INGLIS, FL 34449

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

ROBERT RUNNELS

Printed Name of the Person Filing



Signature of the Person Filing