

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

From:  
Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN  
Account Number : I20020000140  
Phone : (561)844-3600  
Fax Number : (561)842-4104

SECTION 605.01  
TALLAHASSEE, FL

2024 MAR -6 AM 9:4

FILED

**LLC DISSOLUTION OR WITHDRAWAL  
ANYTIME LABOR - PENSACOLA LLC**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ANYTIME LABOR - PENSACOLA 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:

JONATHAN McCREARY

\_\_\_\_\_  
(Name of Person)

ANYTIME LABOR - PENSACOLA LLC

\_\_\_\_\_  
(Firm/Company)

130 E. BURGESS ROAD, SUITE B

\_\_\_\_\_  
(Address)

PENSACOLA, FL 32503

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Karin Drakas

\_\_\_\_\_  
(Name of Person)

561

844-3600

at (

\_\_\_\_\_)  
(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:

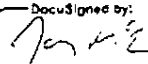
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 210  
Tallahassee, FL 32310

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

1. The name of a limited liability company is  
ANYTIME LABOR - PENSACOLA LLC
2. The Articles of Organization were filed on 09/23/2020 and assigned  
document number L20000300929
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)  
**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).  
The members are in conflict on moving forward with the business.  
The effective date of dissolution is March 1, 2024
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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:

DocuSigned by:  
  
E75462130582110

Signature

JONATHAN McCREARY

Printed Name

**FILING FEE: \$25.00**

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SECRETARY OF STATE  
TALLAHASSEE FL

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