

L200000106129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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03/20/21--01021--019 \*\*25.00

FILED  
2024 MAR 20 PM 5:16  
Trenton, NJ

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AngBar, 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:

Angela Harrold

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

AngBar, LLC

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

1179 Brafforton Way

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

Tallahassee, FL 32311

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

For further information concerning this matter, please call:

Angela Harrold

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

850

6882212

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 810  
Tallahassee, FL 32303

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

1. The name of a limited liability company is

AngBar, LLC

2. The Articles of Organization were filed on 03/18/2024 and assigned

document number L20000106129

3. The delayed effective date the dissolution if not effective on the date of filing: 03/18/2024  
(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 IS NO LONGER PROJECTING AS ANTICIPATED WHEN STARTED.

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

activities and affairs: Angela Harrold

1179 Brafforton Way

Tallahassee, FL 32311

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

Angela Harrold

Printed Name

**FILING FEE: \$25.00**

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## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

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: AngBar, LLC

Document number of Limited Liability Company is: L20000106129

Date of dissolution was: 03/18/2024

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

COMPANY IS NO LONGER PROJECTING AS ANTICIPATED WHEN STARTED.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Angela Harrold

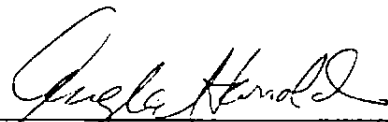
1179 Brafforton Way

Tallahassee, FL 32311

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.

Angela Harrold

Printed Name of the Person Filing



Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**

2024 MAR 20 PM 5:16

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