

LD3000017538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

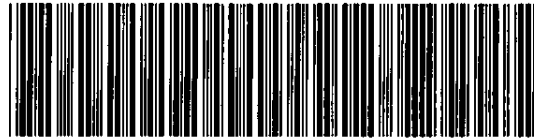
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/23/16--01020--008 **25.00

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17 JAN 25 PM 2:52

CLERK OF SUPERIOR COURT

O SIMMONS
JAN 27 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 27, 2016

MILAN BAKICH
PO BOX 176
UMATILLA, FL 32784

SUBJECT: BAKICH FAMILY, LLC
Ref. Number: L03000017538

RECEIVED
2017 JAN 25 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for BAKICH FAMILY, 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):

Please list description of the information that must be included to file a written claim.

Please return 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.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 916A00027454

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Bakich Family, 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:

Milan Bakich

(Name of Person)

(Firm/Company)

P.O. Box 176

(Address)

Umatilla, FL 32784

(City/State and Zip Code)

For further information concerning this matter, please call:

Frank T. Gaylord

(Name of Person)

at (**352**) **589-1731**

(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

Bakich Family, LLC

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

document number L0300017538

3. The delayed effective date the dissolution if not effective on the date of filing: December 31, 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).

Dealership was sold

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


activities and affairs:

Milan Bakich

P.O. Box 176

Umatilla, FL 32784

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

Milan Bakich

Printed Name

FILING FEE: \$25.00

17 JAN 25 PM 2:52

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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: Bakich Family, LLC

Document number of Limited Liability Company is: L03000017538

Date of dissolution was: December 31, 2016

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

The claim must include the date of the consent, description of the event,
and the amount claimed. The name and address of the contact person
is: Milan Bakich, P. O. Box 176, Umatilla, FL, 32784.

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

Milan Bakich

P.O. Box 176

Umatilla, FL 32784

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.

Milan Bakich

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

17 JAN 25 PM 2:52
DIVISION OF CORPORATIONS

FILED