

LO4000008200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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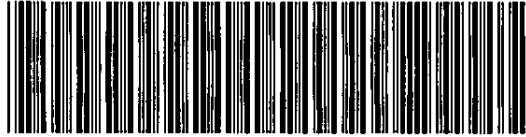
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APR 10 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Highway 29 Storage 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:

✓
Bonnie Hanshaw
(Name of Person)

Highway 29 Storage, LLC
(Firm/Company)

P.O. Box 2703
(Address)

LaBelle FL 33975
(City/State and Zip Code)

For further information concerning this matter, please call:

Bonnie Hanshaw at (863) 612-4722
(Name of Person) (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

Highway 29 Storage, LLC

2. The Articles of Organization were filed on Jan 30, 2004 and assigned

document number L04000008200

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)

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 sold on Dec 31, 2014

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

Bonnie Hanshaw

P.O. Box 2703

LaBelle, FL 33975

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:

Bonnie Hanshaw
Signature

Bonnie Hanshaw
Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA

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