

LO4000064076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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05/05/10--01037--007 **25.00

FILED
10 MAY 20 AM 8:59
CLERK OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 21 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 10, 2010

TONY HERRING
7580 KNIGHTWING CIR
FORT MYERS, FL 33912

SUBJECT: OCEAN WILD SHRIMP CO., LLC
Ref. Number: L04000064076

We have received your document for OCEAN WILD SHRIMP CO., 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):

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 310A00011682

FILED
10 MAY 20 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ocean Wild Shrimp Co. 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:

TONY HERRING
(Name of Person)
Ocean Wild Shrimp Co. LLC
(Firm/Company)
7580 KNIGHTWING CIR
(Address)
FORT MYERS, FL 33912
(City/State and Zip Code)

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10 MAY 20 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

TONY HERRING at 239 454 7815
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
☐ 30.00 Filing Fee & Certificate of Status
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$60.00 Filing Fee, Certificate of Status & 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

OCEAN WILD SHRIMP

2. The Articles of Organization were filed on 8/25/2004 and assigned document number

L04000064076

3. The date the dissolution was approved: 4-15-10

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter)

c) WRITTEN consent of all the members of LLC.

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

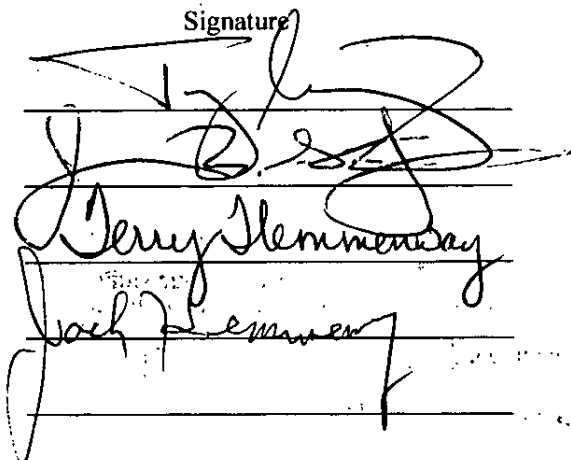
7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name



TONY HERRING
James Stringfellow
Terry Hemmenway
Jack Hemmenway

FILING FEE: \$25.00