

L04 000074514

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Document Number)

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SECRETARY OF STATE
TOLSON, MISSOURI

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HAMMOCKS Brevard LLC LO4000074514
(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:

DON BALLEW
(Name of Person)

PFDG, INC
(Firm/Company)

1835 S. ATLANTIC AVE, #704
(Address)

COCOA BEACH, FL 32931
(City/State and Zip Code)

For further information concerning this matter, please call:

Don or JUANITA BALLEW at (321) 432-5350
(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 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

FILED

2022 FEB -2 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is

Hammocks Brevard LLC

2. The Articles of Organization were filed on Oct 14, 2004 and assigned

document number LD4000074514

3. The delayed effective date the dissolution if not effective on the date of filing: 1-29-22
(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).

NO LONGER NEEDED.

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

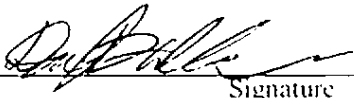
DON BALLEW

1835 S. ATLANTIC AVE #704,

Cocoa Beach, FL 32931

321-591-0339

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

DON BALLEW
Printed Name

FILING FEE: \$25.00