

# L05000019178

\_\_\_\_\_  
(Requestor's Name)

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

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

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2016 JAN 29 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
FEB - 2

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Crooks Den 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:

MICHAEL KNIGHT  
(Name of Person)

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

6369 Cypress Springs Parkway  
(Address)

Port ORANGE, FL 32128  
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL KNIGHT at (386) 843-4998  
(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**

FILED

2016 JAN 29 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

The CROOKS DEN LLC

2. The Articles of Organization were filed on Feb. 24, 2005 and assigned

document number 605000019178

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)

**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).

The Company was SOLD on November 1, 2015

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

MICHAEL KNIGHT

6369 Cypress Springs Pkwy

Port ORANGE, FL 32128

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

MICHAEL KNIGHT  
Printed Name

**FILING FEE: \$25.00**

## 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: The CROCKS DEL LLC

Document number of Limited Liability Company is: L05000019178

Date of dissolution was: 11-1-2015

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

This LLC is being dissolved because  
business was sold on Nov 1, 2015

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

Michael Knight  
6369 Cypress Spring Pkway  
Port Orange, FL 32128

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.

MICHAEL KNIGHT

[Signature]

Printed Name of the Person Filing

[Signature]

Signature of the Person Filing

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

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