# LDS000122467

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone	e #)	
PICK-UP WAIT	MAIL	
(Business Entity Nar	me)	
(Document Number)		
Certified Copies Certificates	s of Status	
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SECRETARY OF STATE

APPROVED AND FILED

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#### Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.Incserv.com

e-mail: accounting@incserv.com

### incserv

#### **ORDER FORM**

TO Florida Department of State

Division of Corporations, Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

corphelp@dos.myflorida.com

850-245-6051

**FROM** 

Melissa Stops

mstops@incserv.com

850.656.7953

**REQUEST DATE** 4/4/2019

**PRIORITY** Routine

**OUR REF # (Order ID#)** 733708

**ORDER ENTITY** 

BOYD EQUITY MANAGEMENT, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

File the attached dissolution document

NOTES:

\$25.00 Authorized

019 APR -4 AM 9: SECRETARY OF SEC ALL ARASSEL FLO

**RETURN/FORWARDING INSTRUCTIONS:** 

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

MS

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

. The Articles of Organizati	on were filed on	December 22, 2005	and assigned
document number	L05000122467		
The delayed effective date (effective)  Note: If the date inserted ir listed as the document's effective.	ve date cannot be prior to this block does not me	or more than 90 days later than d eet the applicable statutory fili	ling: March 15, 2019 late document is received for filing) ing requirements, this date will not b
A description of occurrence 605.0707, Florida Statutes,	ce that resulted in the (copy 605.0707 on	: limited liability company' back cover letter).	s dissolution pursuant to section
The limited liability company	has distributed all of	its assets to its member and lic	quidated.
			AFORE LA
If there are no members, cactivities and affairs:	nter the name and ad Katherine E. Boyd		
	1501 Gulf Blvd., U	Jnit 405	
	Clearwater, Florid	a 33767	
Signature of an authorized sted above to wind up the co	person or if there arompany's activities a	e no members, the signatur nd affairs:	e of the person appointed and
otherwa E. V	Berry !		nerine E. Boyd

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:	
Document number of Limited Liability Company is:	
March 20 2019  Date of dissolution was:	
Description of information that must be included in a written claim:	
Name and address (including individual to be contacted) and the amount of the claim including any	)
documents supporting the claim.	
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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  Katherine E. Boyd	
1501 Gulf Blvd., Unit 405	
Clearwater, Florida 33767	
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.	;
Katherine E. Boyd Katherine E Bryd	
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