

106 000000 5661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

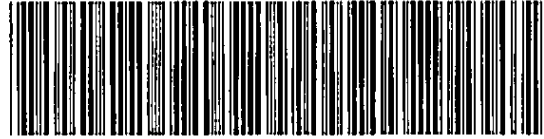
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 DEC 17 PM 2:21

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ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Bouchelle Island LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GAIL Schmidt

(Name of Person)

(Firm/Company)

446 Bouchelle Dr #201

(Address)

New Smyrna Bch, FL 32269

(City/State and Zip Code)

For further information concerning this matter, please call:

GAIL Schmidt

(Name of Person)

at (*386*) *451-1474*

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 DEC 17 AM 7:41

December 7, 2021

GAIL SCHMIDT
446 BOYCHELLE DR #201
NEW SMYRNA BEACH, FL 32169

SUBJECT: BOUCHELLE ISLAND, LLC
Ref. Number: L06000005661

We have received your document for BOUCHELLE ISLAND, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 321A00029423

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

Bouchelle Island, LLC

2. The Articles of Organization were filed on Jan 17, 2006 and assigned

document number L 06 000005661

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).

no longer a rental property

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

GAIL Schmidt
446 Bouchelle Dr #201
NEW Smyrna Bch, FL 32169

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:

Gail Schmidt
Signature

GAIL Schmidt
Printed Name

FILING FEE: \$25.00