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	(Requestor's Name)			
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	(City/State/Zip/Phone #)			
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	(Business Entity Name)			
(Document Number)				
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COVER LETTER

то:	Registration Section Division of Corporations			
SUBJI	STETSON HATTER, LLC			
(Name of Limited Liability Company)				
	nclosed Articles of Dissolution and fee(s) are submitted return all correspondence concerning this matter to the			
	Raymond G. Robison			
	(Name o	f Person)		
	Fox McCluskey Bush Robison, PLLC			
	(Firm/Company)			
	3461 SE Willoughby Blvd.			
	(Address)			
	Stuart, FL 34994			
	(City/State a	nd Zip Code)		
For fur	rther information concerning this matter, please call:			
	Raymond G. Robison	772 287-4444 _ at ()		
	(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclose	ed 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

1.	The name of a limited liability company is STETSON HATTER, LLC	
2.	. The Articles of Organization were filed on February 2	24, 2006 and assigned
	document number L06000020708	_
3.	The delayed effective date the dissolution if not effective date cannot be prior to or more Note: If the date inserted in this block does not meet the listed as the document's effective date on the Department	applicable statutory filing requirements, this date will not be
1.	. A description of occurrence that resulted in the limite 605.0707, Florida Statutes. (copy 605.0707 on back c	ed liability company's dissolution pursuant to section over letter).
	Consent of all members	·
	Consent of all members	
•	Consent of all members	~
		9211
5.	. If there are no members, enter the name and address activities and affairs:	of the person appointed to wind up the company's
		ELS 2
s. ib	. Signature of an authorized person or if there are no move to wind up the company's activities and affairs:	nembers, the signature of the person appointed and liste
	Tours Reibile ner	Pamela J. Roebuck, MGRM
	Signature	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: STETSON HATTER, I	LLC
	00020708
Description of information that must be included in a writte	en claim:
Name and Address of Claimant	
Amount of Claim	
Whether Claim is Secured or Contingent	
Detailed Description of Type of Claim	
Date Claim Arose	
Mailing address where claims can be sent: (Claims cannot Post Office Box 1225 Stuart, FL 34995-1225	be sent to the Division of Corporations)
A claim against the above named limited liability company claim is commenced within 4 years after the filing of this n Pamela J. Roebuck	
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