LU6 000028928

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Busiliess Linky Reine)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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05/15/23 -- 01017-- 012 ** 25.00



COVER LETTER

TO: Registration Section Division of Corporations						
J. LARRY HOOD LLC SUBJECT:						
(Name of Limited Liability Company)						
The enclosed Articles of Dissolution and fee(s) are submitt	ted for filing.					
Please return all correspondence concerning this matter to	the following:					
CHARLOTTE HOOD						
(Name of Person)						
(Firm/Company)						
3036 HAWKS RIDGE DRIVE						
	Address)					
LAKELAND, FLORIDA 33801						
(City/Stat	e and Zip Code)					
For further information concerning this matter, please call:	्रा -					
CHARLOTTE HOOD	863 853 - 9442					
(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	Street Address: Registration Section Division of Corporations					
P.O. Box 6327 Tallahassee, FL 32314	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 J. LARRY HOOD LLC	y is			
2.	The Articles of Organization were filed	on MARCH	20, 2006	and assigned	
	document number L06000028928		_		
3.	The delayed effective date the dissoluti (effective date cannot b Note: If the date inserted in this block do listed as the document's effective date on	e prior to or mores es not meet the	re than 90 days later the applicable statutor	nan date document is received f y filing requirements, this da	for filing) ate will not be
4.	A description of occurrence that resulte 605.0707, Florida Statutes, (copy 605.0)	ed in the limit 707 on back o	ed liability compa	ny's dissolution pursuant	
	UNANIMOUS CONSENT OF MEMBERS		,		
					<i>O</i> 1
					<u> </u>
					
5.	If there are no members, enter the name	e and address	of the person app	ointed to wind up the con	npany's
	activities and affairs:				
	-				
					
6. at	Signature of an authorized person or if bove to wind up the company's activities	there are no is and affairs:	nembers, the sign	ature of the person appoir	nted and listed
_	Pharlottette	and	CHARLOTTE H		
	Signature	<u></u>		Printed Name	

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

CHARLOTTE HOOD

Printed Name of the Person Filing

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.

Document number of Limited Liability Company is: L06000028928	
Date of dissolution was: DATE OF FILING	
Description of information that must be included in a written claim:	
COPIES OF ANY AND ALL DOCUMENTS EVIDENCING THE CREATION OF THE CLAIM AS W	/ELL
AS DOCUMENTS INDICATING ANY PAYMENTS MADE TOWARD THE CLAIM AND COPIES (OF ANY
NOTICES OR CORRESPONDENCE SENT TO THE ALLEGED OBLIGOR BY THE CLAIMANT.	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporation	ns) :-
CHARLOTTE HOOD	
3036 HAWKS RIDGE DRIVE	· •
LAVELAND EL 22010	~
LAKELAND, FL 33810	
LARELAND, PL 33810	

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

Signature of the Person Filing