

LO6 000044815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

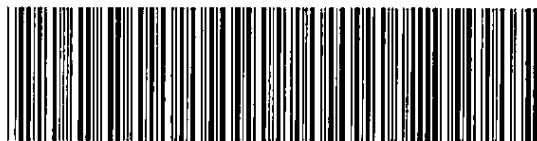
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/05/24--01011--026 **25.00

2024 FEB -5 PM 1:42
OFFICE OF THE CLERK
STATE OF NEW YORK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VICKY HARLEMAN 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:

VICKY HARLEMAN
(Name of Person)

VICKY HARLEMAN LLC
(Firm/Company)

1001 CLARK AVE
(Address)

ALEXANDRIA, IN 46001
(City/State and Zip Code)

2024 FEB -5 PM 1:42
RECEIVED
FEB 5 2024

For further information concerning this matter, please call:

VICKY HARLEMAN at (850) 444-7757
(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR

1. The name of a limited liability company is

VICKY HARLEMAN LLC

51/06

106000044815

10/31/23

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.

605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

MOVED OUT OF STATE NOW LOCATED IN INDIANA

activities and affairs:

Vicky L. Harleman

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:

Vicky L. Hartman
Signature

VICKY L. HARLEMAN
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: VICKY HARLEMAN, LLC

Document number of Limited Liability Company is: L 06000044815

Date of dissolution was: 10/31/23

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

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2024 FEB - 5 PM 1:42

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

1001 CLARK AVE

ALEXANDRIA, IN 46001

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.

VICKY L. HARLEMAN
Printed Name of the Person Filing

Vicky L. Harleman
Signature of the Person Filing