

LD000061398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200304446482

10/18/17--01011--013 \*\*25.00

FILED

17 OCT 18 PM 2:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VD

OCT 19 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lucky Eleven 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:

Dave Hawkins

(Name of Person)

Lucky Eleven LLC

(Firm/Company)

154 Richard Creech Road

(Address)

Crawfordville, Florida 32327

(City/State and Zip Code)

For further information concerning this matter, please call:

Bossie Hawkins

(Name of Person)

at ( 850 ) 656-2578

(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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

**FILED**

**17 OCT 18 PM 2:37**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

1. The name of a limited liability company is

Lucky Eleven Limited Liability Company

2. The Articles of Organization were filed on June 16, 2006 and assigned

document number L06000061398

3. The delayed effective date the dissolution if not effective on the date of filing: October 15, 2017  
(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).

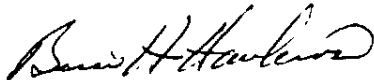
The LLC has not conducted any business resulting in income to the LLC.

The only asset of the LLC was disposed of at a financial loss.

The current members wish to discontinue operation of the LLC.

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

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:



Signature

Bossie H. Hawkins, Treasurer

Printed Name

**FILING FEE: \$25.00**