

LB7000048789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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

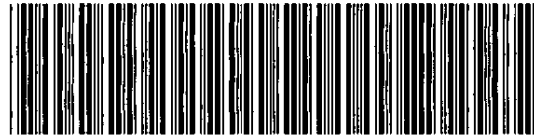
Special Instructions to Filing Officer:

L. SELLERS

MAY 30 2008

EXAMINER

Office Use Only



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04/11/08--01009--005 \*\*25.00

2008 MAY 28 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 14, 2008

CHRISTOPHER ERRICKSON  
3894 MARIETTA WAY  
ST CLOUD, FL 34772

SUBJECT: KISSIMMEE RIVER TAXIDERM, LLC  
Ref. Number: L07000048789

We have received your document for KISSIMMEE RIVER TAXIDERM, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

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) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 708A00022022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Kissimmee River Taxidermy  
(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:

Christopher ERRICKSON  
(Name of Person)

Kissimmee River Taxidermy  
(Firm/Company)

3894 Marietta Way  
(Address)

St Cloud FL 34772  
(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher ERRICKSON at (407) 956-0705  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$25.00 Filing Fee



\$30.00 Filing Fee &  
Certificate of Status



\$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)



\$60.00 Filing Fee,  
Certificate of Status &  
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

2008 MAY 28 PM 2: 20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Kissimmee River Taxidermy

2. The Articles of Organization were filed on June, 2007 and assigned document number

LO 7000048789

3. The date the dissolution was approved: 1/1/2008

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

Business Closed

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

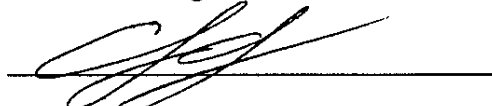
7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.  
-OR-  
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Christopher ERICKSON  
\_\_\_\_\_  
\_\_\_\_\_  
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