

L07000096717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

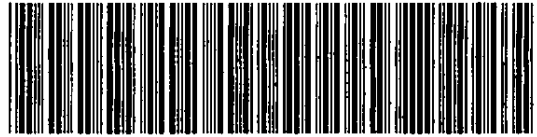
(Document Number)

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12/29/09--01022--017 **52.50

04/02/10--01002--009 **7.50

FILED

10 MAR 31 AM 6:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN DEC 31 2009

J. BRYAN

APR -1 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 31, 2009

SHARON ALLEN
SIX POCKETS, LLC
PO BOX 37138
JACKSONVILLE, FL 32236

SUBJECT: SIX POCKETS, LLC
Ref. Number: L07000096717

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10 MAR 31 AM 6:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SIX POCKETS, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$7.50.

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 109A00039611

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Six Pockets, 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:

Sharon Allen

(Name of Person)

Six Pockets, LLC

(Firm/Company)

P.O. Box 37138

(Address)

Jacksonville, Florida 32236

(City/State and Zip Code)

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10 MAR 31 AM 6:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Sharon Allen or Kevin Allen

(Name of Person)

at (904) 786-3382

(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
10 MAR 31 AM 6:22
INTERNAL REVENUE SERVICE
FLORIDA

1. The name of a limited liability company is
Six Pockets, LLC

2. The Articles of Organization were filed on 9/21/2007 and assigned document number
L07000096717

3. The date the dissolution was approved: December 21, 2009

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 ceased to operate

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

Sharon Allen, Managing Member
Helen C. Jinright, Member

Printed Name

Sharon Allen, Managing Member
Helen Jinright, Member