

LC70001C7C15

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

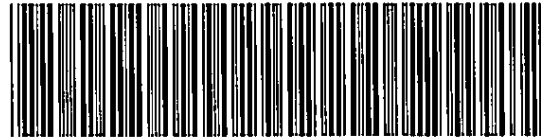
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/20/19--01039--021 **25.00

FILED
2019 MAY 20 AM 10:45
STC8
TALLAHASSEE, FL

R. WHITE
JUN 05 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kayaking Adventures
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara Jean Zuhlke
(Name of Person)

Kayaking Adventures
(Firm/Company)

251 Tait Terr SE
(Address)

Port Charlotte FL 33952
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Zuhlke at 941 624 2745
(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/COURIER ADDRESS:

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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

Kayaking Adventures

2. The Articles of Organization were filed on 05/16/2019 and assigned

document number L07000107015

FILED

2019 MAY 20 AM 10:45

CLERK OF COURT
TALLAHASSEE, FLORIDA

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).

I am now over 70 years of age
and have decided to retire.
Health issues are continuing to
be troublesome

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

251 Taic Terr SE.

Port Charlotte FL 33952.

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

Barbara J. Zuhlke
Printed Name

FILING FEE: \$25.00