

LC7000111730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

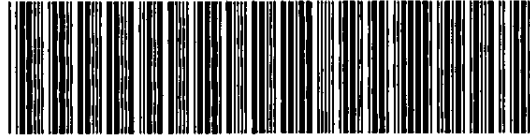
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/24/14--01014--020 **25.00

FILED
14 DEC 24 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 08 2015

407-862-6060

835 Sunshine Lane

Altamonte Springs, FL 32779

David Duncan

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Triple Header 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:

David Duncan
(Name of Person)

Triple Header LLC
(Firm/Company)

2231 Duster Dr
(Address)

New Smyrna Beach FL 32168
(City/State and Zip Code)

For further information concerning this matter, please call:

David Duncan at (407) 862-6060
(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

Triple Header LLC

2. The Articles of Organization were filed on 12/31/14 and assigned

document number L07000111730

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)

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).

Ceased business operations

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

David Duncan
2231 Dusk Dr. New Smyrna
Beach FL 32168

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

David Duncan

Printed Name

FILING FEE: \$25.00

14 DEC 24 PM 12:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED