LOF000042717

(Re	questor's Name)	
(Ad	dress)	
(6.1	4	
(Ad	dress)	
		•
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
/D::	siness Entity Nar	
(Bu	Siness Entity Nar	ne)
(Do	cument Number)	1
Certified Copies	_ Certificates	s of Status
	_	
· ··· · · · · · · · · · · · · · · · ·		
Special Instructions to	Filing Officer:	

Office Use Only



01/22/15--01008--002 **25.00



NAY 21 2015 J SHIVERS

الار کارار



April 29, 2015

JAMES GLYNN 1906 S OCEAN DR FT PIERCE, FL 34949

SUBJECT: LITTLE MANATEE KAYAKING, LLC.

Ref. Number: L08000042717

We have received your document for LITTLE MANATEE KAYAKING, 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):

You failed to make the correction(s) requested in our previous letter.

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

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 515A00002126

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: DISSOLUTION of Little MANA fee May whing U			
DOCUMENT NUMBER:			
The enclosed Notice of Limited Liability	Company Dissolution and fee are submitted for filing.		
Please return all correspondence concerning	-		
JAMES P. FLUX	Contact Person)		
(Name of	Contact Person)		
NOWE	n/Company)		
1906 S. OceAn	DR. (ddress) (1) (ddress) (1) (ddress) (ddress)		
(A	ddress)		
FT, PIERCE, FO	34949		
City/Sta	ate and Zip Code)		
For further information concerning this ma	tter, please call:		
NAMES PFlynn	at $(B/3)$ $777-002/$ (Daytime Telephone Number)		
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)		
Enclosed is a check for the following amou	ant:		
\$25 Filing Fee \$\square\$ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & □ \$60 Filing Fee, Certified Copy Certificate of Status & (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)		
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment 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	i. Gje
Little Manafee Kayaking , L C	Constitution of the consti
	ਜ - (1
2. The Articles of Organization were filed onand assigned	
100000000000000000000000000000000000000	
document number <u>L080 000 4-2 717</u>	
7/5/5	
3. The delayed effective date the dissolution if not effective on the date of filing: 7/5/5 (effective date cannot be prior to or more than 90 days later than date document is received for filing	<u>3</u>)
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to se 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	ction
1 A-K m f Bus wises	114
LACICO (DUSINESS	_
	-
	<u></u>
	_
5. If there are no members, enter the name and address of the person appointed to wind up the company	's
activities and affairs: 1906 S. OCEAN DR	
ET Day SI 2110 Cha	•
FI. PIENCE, PC. 34999 :	Ŝ
Tames Plynn	
James right	CI F
	- The state of the
6. Signature of an authorized person or if there are no members, the signature of the person appointed at listed above to wind up the company's activities and affairs:	nd
	60
AlfMest. PLVNn	_
Signature Printed Name	
FILING FEE: \$25.00	***** . *** -