

LOS 0000 58637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

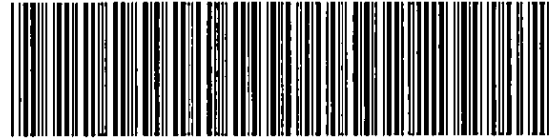
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 APR 17 PM 4:44

6/20/23
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2023 APR 17 PM 4:44
CLERK OF DISTRICT COURT
STATE OF CALIFORNIA
COUNTY OF LOS ANGELES

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CENTRAL FLORIDA ODD JOBS, 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:

JOE MOODY
(Name of Person)

CENTRAL FLORIDA ODD JOBS, LLC
(Firm/Company)

11103 PARTRIDGE RUN DRIVE
(Address)

LAKE WALES FL 33859
(City/State and Zip Code)

For further information concerning this matter, please call:

JOE MOODY at (813) 307-9058
(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

CENTRAL FLORIDA DDD JOBS, LLC

2. The Articles of Organization were filed on 13 JUNE 2008 and assigned

document number LO8 0000 58637

3. The delayed effective date the dissolution if not effective on the date of filing: 13 JUNE 2023
(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).

COVID-19 AND OTHER HEALTH ISSUES

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

JOE MOODY

11103 PATRIDGE ROAD DR.

LAKE WALES FL 33859

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:

Joe Moody
Signature

JOE MOODY
Printed Name

FILING FEE: \$25.00

2023 APR 17 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FL

FILED