

1/2/2020

Division of Corporations

109000001074360
 Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000001074 3)))



H200000010743ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
 Account Number : 076077001702
 Phone : (407)841-1200
 Fax Number : (407)423-1831

**LLC DISSOLUTION OR WITHDRAWAL
 DUDA DYAL UPCHURCH, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2019 JAN -2 PM 5:38
 SECRETARY OF STATE
 TALAHASSEE, FL

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RECEIVED
 2020 JAN 2 PM 2:46
 TALAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

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

1. The name of a limited liability company is

Duda Dyal Upchurch, LLC

2. The Articles of Organization were filed on January 12, 2009 and assigned

document number L09000003360

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).

Consent of sole Member.


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

Tracy Duda Chapman

1200 Duda Trail

Oviedo, FL 32765

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

Tracy Duda Chapman

Printed Name

FILING FEE: \$25.00

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Notice of Limited Liability Company Dissolution**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Duda Dyal Upchurch, LLC

Document number of Limited Liability Company is: L09000003360

Date of dissolution was: Upon filing with State

Description of information that must be included in a written claim:

Name of Claimant: _____

Address of Claimant: _____

Amount of Claim: _____

Basis of Claim (attach additional sheet if necessary): _____

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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Tracy Duda Chapman

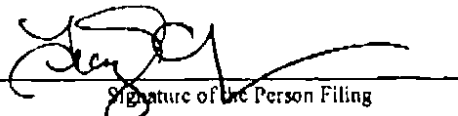
P.O. Box 620257

Oviedo, FL 32762-0257

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Tracy Duda Chapman

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

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