

209 000 115 142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

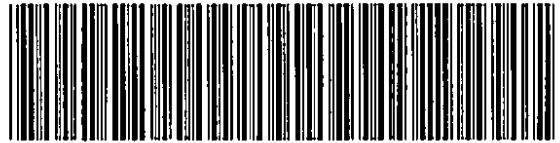
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/18/21--01016--003 **25.00

2021 FEB 18 AM 8:15

APR 13 2021
S. YOUNG



February 15, 2021

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Dear Staff,

Per your request, I am submitting a cover letter with my forms and my check to dissolve my business, "Goulard's Grocery Service".

Thank you.

Sincerely,

Bonnie Carolyn Goulard
Bonnie Carolyn Goulard

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gouldard's Grocery Service, L.L.C.
(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:

Bonnie Carolyn Gouldard
(Name of Person)

Gouldard's Grocery Service, L.L.C.
(Firm/Company)

1138 S.E. 14th Ave.
(Address)

Ocala, Fl. 34471
(City/State and Zip Code)

For further information concerning this matter, please call:

Bonnie Carolyn Gouldard at (352) 425-6009
(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

Gouldard's Grocery Service, L.L.C.

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

document number LO9000115142

3. The delayed effective date the dissolution if not effective on the date of filing: Sept. 2, 2020
(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.

(I retired Sept. 2, 2020, but if you prefer, the date can be today, Feb. 15, 2021.) BCG

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 retired and referred my customers to
someone I knew. I did not sell my business.

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

Bonnie Carolyn Gouldard

1138 S.E. 14th Ave.

Ocala, Fl. 34471

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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:

Bonnie Carolyn Gouldard
Signature

Bonnie Carolyn Gouldard
Printed Name

FILING FEE: \$25.00