

5/10/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H21000186796 3)))



H210001867963ABC7

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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 AAP NOLENSVILLE, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 MAY 10 PM 2:10

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MAY 11 2021

M. SOLOMON

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
DUDA AAP NOLENSVILLE, LLC
2. The Articles of Organization were filed on DECEMBER 18, 2009 and assigned
document number 1.09000120346
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 THE 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 D. CHAPMAN
P.O. BOX 620257
OVIDO, 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:


SignatureTRACY D. CHAPMAN

Printed Name

FILING FEE: \$25.00

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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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 AAP NOLENSVILLE, LLC

Document number of Limited Liability Company is: L09000120346

Date of dissolution was: UPON FILING

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

Name of Claimant: _____

Address of Claimant: _____

Amount of Claim: _____

Basis of Claim: _____

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

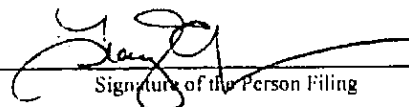
P.O. BOX 620257

OVIEDO, FL 32765

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 D. 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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CLERK OF STATE
TALLAHASSEE, FLORIDA