

L10000029642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

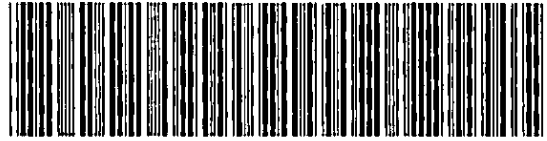
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 MAR 15 10:44 AM

FILED  
2019 MAR 15 AM 9:17

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MAR 26 2019  
I ALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE DEAD BY FRIDAY Company 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:

HUGH BYRNES

(Name of Person)

THE DEAD BY FRIDAY COMPANY, LLC

(Firm/Company)

383 EMERSON PLAZA, APT 120

(Address)

ALTAMONTE SPRINGS FL 32701

(City/State and Zip Code)

For further information concerning this matter, please call:

Hugh Byrnes

(Name of Person)

at

(407) 920 5824

(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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED  
2019 MAR 15 AM 9:11  
FILING

1. The name of a limited liability company is

THE DEAD BY FRIDAY COMPANY LLC

2. The Articles of Organization were filed on 3/17/2010 and assigned

document number L10000029642

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/18  
(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).

NO ACTIVITY FOR OVER 12 MONTHS

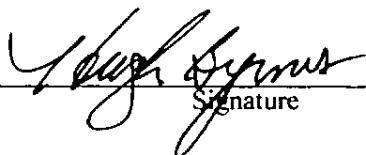
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

HUGH BYRNES

383 EMERSON PLAZA APT 124

ACAPULCO SPRINGS FL 32709

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

HUGH BYRNES  
Printed Name

FILING FEE: \$25.00