# L11000008274

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status	s			
Special Instructions to Filing Officer:				

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300414499403

08/25/23--01004--015 ++25.00

FILED
2023 AUG 25 AM 8: 29
DEPOSITE FLORIDA

### **COVER LETTER**

TO:	Registration Section Division of Corporations	•			
	James E. Hatch III LLC				
SUBJ	ECT:				
	(Name of Li	imited Liability Company)			
The er	nclosed Articles of Dissolution and fee(s) are sub	omitted for filing.			
Please	return all correspondence concerning this matte	r to the following:			
	James Hatch				
	(Name of Person)				
		(Firm/Company)			
	865 SE Salerno Rd				
		(Address)			
	Stuart FL 34997	•			
	(City	y/State and Zip Code)			
For Iu	rther information concerning this matter, please  James Hatch	call: 772 260-0931			
	James Hatch				
	(Name of Person)	at () (Area Code & Daytime Telephone Number)			
Enclos	sed 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:	Street Address:			
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
	Tallahassee, FL 32314	Tallahassee, FL 32303			

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

1.	The name of a limited liability company is James E Hatch III LLC	<sup>2023</sup> AUG 25 AM 8: 29
2.	The Articles of Organization were filed on	IALLAHASSEE, FLORIDA and assigned
	document number	_
3.	The delayed effective date the dissolution if not effective date cannot be prior to or more Note: If the date inserted in this block does not meet the listed as the document's effective date on the Department	re than 90 days later than date document is received for filing) applicable statutory filing requirements, this date will not be
4.	A description of occurrence that resulted in the limit 605.0707, Florida Statutes, (copy 605.0707 on back on No longer earning revenue resulting in a suspension of business.)	cover letter).
5.	If there are no members, enter the name and address  James Hatch 865 SE Sal  activities and affairs:	
6. alt	bove to wind up the company's activities and affairs:	nembers, the signature of the person appointed and listed
\	Signature	Printed Name

FILING FEE: \$25.00

### 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.

James E Hatch III LLC	
Name of Limited Liability Company:	
L11000008274	
Document number of Limited Liability Company is:	- <del></del>
Date of dissolution was:	
Description of information that must be included in a written claim:	
Type of claim, including all invoices other documentation with date of claim, name of claimant and relation	nship
to James E Hatch III LLC	2029 AUG
	ASS 5
	<u> </u>
<del></del>	
	<u></u>
Mailing address where claims can be sent: (Claims cannot be sent to the Division of the Divisi	sion of Corporations)
James Hatch PO Box 1974 Palm City FL 34991	
	<del></del>
<del></del>	<del></del>
A claim against the above named limited liability company will be barred unled claim is commenced within 4 years after the filing of this notice.	ess a proceeding to enforce the
	)
James Hatch	
Printed Name of the Person Filing Signa	ture of the Person Filing

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