

L11000029410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

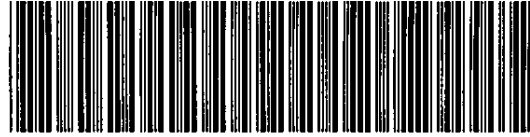
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300263383323

300263383323  
08/25/14--01022--003 \*\*25.00

FILED  
2014 AUG 25 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
SEP - 2 2014  
T CLINE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CHRIS KINCAID FLY FISHING SPECIALTIES 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:

CHRIS KINCAID

(Name of Person)

(Firm/Company)

1109 CEPHIA ST

(Address)

LAKE WALES FL 33853

(City/State and Zip Code)

FILED  
2014 AUG 25 AM 10:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

CHRIS KINCAID

(Name of Person)

863

at (

289-1215

(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:**

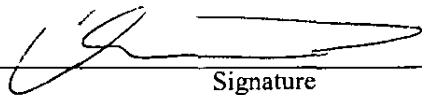
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**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**

1. The name of a limited liability company is  
CHRIS KINCAID FLY FISHING SPECIALTIES LLC
2. The Articles of Organization were filed on 02/14/12 and assigned  
document number L11000029410
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)
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).  
CLOSED 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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

CHRISTOPHER A KINCAID  
\_\_\_\_\_  
Printed Name

**FILING FEE: \$25.00**

2014 AUG 25 AM 10:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED