

L11000055907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

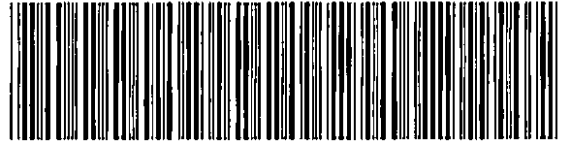
(Business Entity Name)

(Document Number)

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

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01/10/24--01025--009 \*\*25.00

2024 JAN 10 PM 4:17  
STATE OF MISSISSIPPI  
FILING OFFICE

## COVER LETTER

TO: Registration Section  
Division of Corporations  
Double Eagle Farm, LLC

SUBJECT: \_\_\_\_\_  
(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:

Martha Robinson

\_\_\_\_\_  
(Name of Person)

Double Eagle Farm LLC

\_\_\_\_\_  
(Firm/Company)

816 SW Watson Street

\_\_\_\_\_  
(Address)

Fort White, FL 32038

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Martha Robinson

352

451-8933

at (\_\_\_\_\_) \_\_\_\_\_

(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

2024 JAN 10 PM 4:17  
OFFICE OF THE  
CLERK OF THE  
SUPREME COURT  
OF THE STATE OF  
FLORIDA  
TALLAHASSEE, FL  
32303

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
Double Eagle Farm LLC

2. The Articles of Organization were filed on 5/10/2011 and assigned  
document number L11000055907

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2023  
(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.

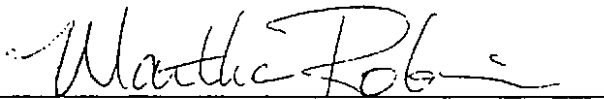
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).  
Owner has retired.

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

816 SW Watson Street

Fort White, FL 32038

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

MARTHA ROBINSON  
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.

Double Eagle Farm LLC

Name of Limited Liability Company: \_\_\_\_\_

L11000055907

Document number of Limited Liability Company is: \_\_\_\_\_

12/31/2023

Date of dissolution was: \_\_\_\_\_

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

Full description of claim including date and specific items claimed

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2024 JAN 10 PM 4:18  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

816 SW Watson Street, Fort White, FL 32038

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

MARTHA ROBINSON

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**