

L11000059219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

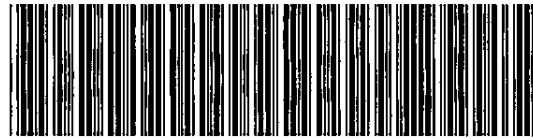
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/27/14--01032--004 **25.00

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2014 FEB 19 PM 4:09
CLERK OF STATE
TALLAHASSEE, FLORIDA

N. Guille FEB 19 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHIP-A-LONG LLC

DOCUMENT NUMBER: L 11000059219

The enclosed Notice of Limited Liability Company Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHARLES A. KOHLER

(Name of Contact Person)

(Firm/Company)

476 N. HWY A-1-A 4B

(Address)

SATELLITE BEACH FL 32957

(City/State and Zip Code)

For further information concerning this matter, please call:

CHARLES A. KOHLER

(Name of Contact Person)

at (904)

(Area Code)

714 8000

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

(Additional copy is enclosed)

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

(Additional copy is enclosed)

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2014

CHARLES A KOHLER
476 N. HWY A-1-A 4 B
SATELLITE BEACH, FL 32957

SUBJECT: SHIP-A-LONG LLC
Ref. Number: L11000059219

We have received your document for SHIP-A-LONG LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must also complete the Dissolution form I am enclosing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 614A00002119

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2014 FEB 19 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

SHIP-A-LONG LLC

2. The Articles of Organization were filed on 5/19/2011 and assigned
document number L11000059219

3. The delayed effective date the dissolution if not effective on the date of filing: 2/28/14

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).

Closing of the Business by Owners.

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

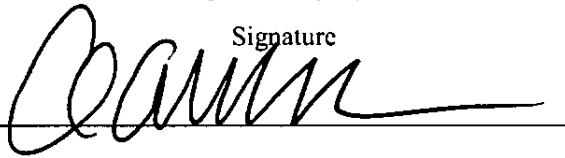
CHARLES A. KOHLER

476 N. HWY A-1-A 4B

SATELLITE BCH, FL 32937

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



Printed Name

CHARLES A. KOHLER

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

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: SHIP-A-LONG LLC

Date of dissolution was: 2/28/14

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

N/A


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

CHARLES A. KOHLER
476 N HWY A-1-A 4B
SATELLITE BEACH, FL 32937

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.

CHARLES A. KOHLER

Printed Name of the Person Filing



Signature of the Person Filing

FILED
2014 FEB 19 PM 4:10
CLERK OF STATE
TALLAHASSEE, FLORIDA