

L11 000068964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

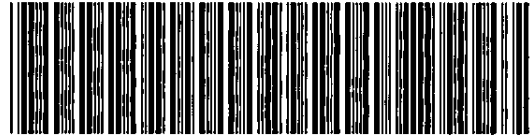
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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JAN 22 2014

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JAN 16 PM 1:49

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Firehole Ventures, 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:

Sam E. Kinney Jr

(Name of Person)

Firehole Management, LLC

(Firm/Company)

705 Bella Vista Avenue

(Address)

Coral Gables, FL 33156

(City/State and Zip Code)

For further information concerning this matter, please call:

Sam Kinney

(Name of Person)

at (425) 941-9798

(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

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

1. The name of a limited liability company is

Firehole Ventures, LLC

2. The Articles of Organization were filed on 06/13/2011 and assigned
document number L11000068964

3. The delayed effective date the dissolution if not effective on the date of 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).

Parent company has chosen to absorb dissolving company's assets

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

Sam Kinney

705 Bella Vista Ave

Coral Gables FL 33156

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

Sam E. Kinney Jr.

FILING FEE: \$25.00

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CLERK OF DISTRICT COURT
JAN 16 2014
CLERK OF DISTRICT COURT