

L11000 140 7SS

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

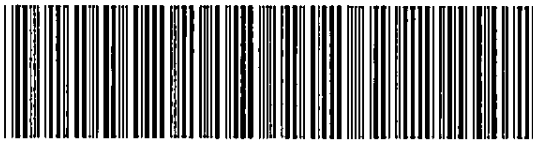
(Business Entity Name)

(Document Number)

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07/18/24--01029--003 \*\*25.00

2024 JUL 18 PM 11:05  
SECRETARY OF STATE  
TALLAHASSEE, FL



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Porridge Investments 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:

Julie Kelley  
(Name of Person)

P  
(Firm/Company)

P.O. Box 530  
(Address)

Lakeland FL 33802  
(City/State and Zip Code)

SECRET  
2009 JUL 18 PM 11:06

For further information concerning this matter, please call:

Julie Kelley at (863) 206-3959  
(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



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

1. The name of a limited liability company is

Porridge Investments LLC

2. The Articles of Organization were filed on 6/15/2011 and assigned

document number L11 000140755

3. The delayed effective date the dissolution if not effective on the date of filing: 7/1/24  
(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).

Sold business represented by the LLC and have  
finalized all remaining activities

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

Julie Kelley  
P.O. Box 530  
Lakeland FL 33802

2011 JUL 18 PM 11:06  
SECRETARY OF STATE  
JULIE KELLEY, LLC

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:

Julie E. Kelley  
Signature

Julie E. Kelley  
Printed Name

**FILING FEE: \$25.00**