

L12000020778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

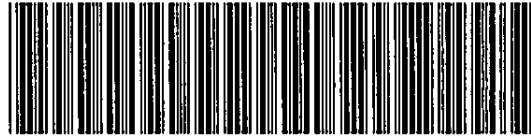
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/17/14--01037--012 **25.00

14 MAR 17 14:00:46
STATE
TALLAHASSEE, FLORIDA

J. Silvers MAR 18 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SKEG GLOBAL 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:

SCOTT D PHILBROOK

(Name of Person)

(Firm/Company)

57 HIGH POINT CIRCLE W. UNIT 404

(Address)

NAPLES, FL 34103

(City/State and Zip Code)

For further information concerning this matter, please call:

SCOTT PHILBROOK

(Name of Person)

at (

239

877-3754

) (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
SKEG GLOBAL LLC
2. The Articles of Organization were filed on FEBRUARY 10, 2012 and assigned
document number L12000020738
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).
LACK OF BUSINESS AND INABILITY OF OPERATING MANAGER TO DEVOTE
THE NECESSARY TIME TO THE ENTERPRISE
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

SCOTT D. PHILBROOK
Printed Name

FILING FEE: \$25.00

14 APR 17 10:46
SECRETARY OF STATE
TALLAHASSEE
FLORIDA