

L12 0000 59294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

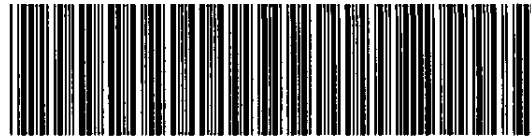
(Business Entity Name)

(Document Number)

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

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02/24/14--01011--004 \*\*25.00

14 FEB 24 11:00 AM  
SEC. OF STATE  
TALLAHASSEE, FL 32304

4. Shivers FEB 25 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: REPTILE PARTNERS 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:

JOHN HOGSTON  
(Name of Person)

(Firm/Company)

27054 OAKWOOD DR. #118C ~~27054 OAKWOOD DR. #118C~~  
(Address)

OLMSTED FALLS, OH 44138  
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN HOGSTON at (727) 906-1547  
(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/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

REPTILE PARTNERS LLC

2. The Articles of Organization were filed on 5/2/12 and assigned  
document number L12000059294

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).

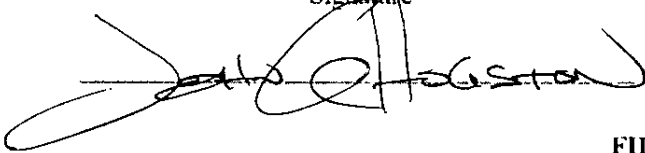
ZERO SALES

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

JOHN HOGSTON  
27054 OAKWOOD DR  
APT 118C  
OLMSTED FALLS, OH 44138

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

JOHN G HOGSTON

**FILING FEE: \$25.00**

14 FEB 20 11 10 AM  
STATE OF FLORIDA  
TALLAHASSEE