

LI2000064432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

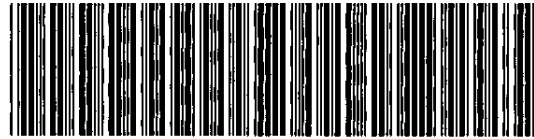
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/24/17--01032--036 **25.00

2017 APR 24 P 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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n BRUCE
APR 26 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Worry Not, 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:

LYNN L. STANGE
(Name of Person)
Worry Not, LLC
(Firm/Company)
103 BRIER CIRCLE
(Address)
JUPITER FL 33458
(City/State and Zip Code)

For further information concerning this matter, please call:

LYNN L. STANGE at (561) 459-6425
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

Worley Not, LLC

2. The Articles of Organization were filed on 5-14-12 and assigned

document number L12000064432

3. The delayed effective date the dissolution if not effective on the date of filing: N/A
(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).

MEMBERS RETIRING

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

LYNN L. STANGE

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TALLAHASSEE, FLORIDA

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

LYNN L. STANGE
Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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: Worrey Not, LLC

Document number of Limited Liability Company is: L12000064432

Date of dissolution was: 6-18-17

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

NAME, ADDRESS, PHONE# AND EMAIL OF CLAIMANT
complete description of the claim including all
facts and evidence the claimant may have to
substantiate the claim

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

Worrey Not, LLC
To LYNN STANGE
103 Beech Circle
Jupiter FL 33458

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

LYNN L STANGE
Printed Name of the Person Filing

Lynn L Stange
Signature of the Person Filing