

L12000073995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

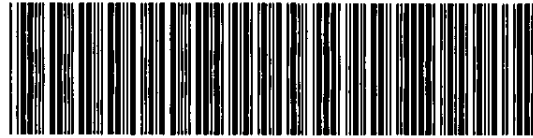
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/09/14--01008--001 **25.00

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14 JUN -9 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 13 2014
S. YOUNG

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

1. The name of a limited liability company is
LAWSON DUCOTE GUN PARTS LLC
2. The Articles of Organization were filed on 6-1-2012 and assigned
document number L120000 73995
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).
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: _____

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:

✓ Arthur Lawson
Signature

Arthur Lawson
Printed Name

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TALLAHASSEE, FLORIDA

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: LAWSON DUCOTE GUN PARTS, LLC

Document number of Limited Liability Company is: _____

Date of dissolution was: _____

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

ALL CLAIMS FOR PAYMENT OF DEBTS DUE TO THE LIMITED LIABILITY
CORPORATION MUST BE RECEIVED BY JULY 1, 2014 IN ORDER TO BE PAID.
ANY CLAIMS MADE FOR PAYMENT AFTER 7-1-2014 WILL NOT BE HONORED
CLAIMS MUST BE MAILED TO CORPORATE HEAD QUARTER'S

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

2411 SW 7TH AVE

OCALA, FL. 34471

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SECRETARY OF STATE

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.

ARTHUR LAWSON

Printed Name of the Person Filing

✓ Arthur Lawson
Signature of the Person Filing