

L120000086336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

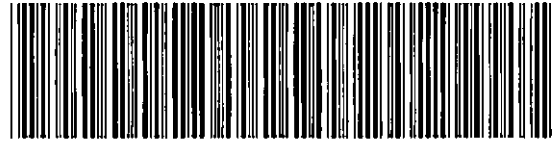
(Document Number)

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

Special Instructions to Filing Officer:

J. HORNE  
MAR - 9 2023

Office Use Only



100403900971

RECEIVED

2023 MAR - 8 AM 11:33

ALABAMA SECRETARY OF REVENUE

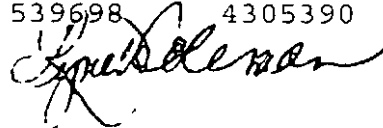
2023 MAR - 8

SECRETARY OF REVENUE

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 11-10-05 BY 1010

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 539698 4305390  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

---

ORDER DATE : March 1, 2023  
ORDER TIME : 9:28 AM  
ORDER NO. : 539698-025  
CUSTOMER NO: 4305390

---

DOMESTIC FILINGS

NAME: DUDA ASSOCIATES, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX            PLAIN STAMPED COPY  
           CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson - EXT#

EXAMINER'S INITIALS:

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

1. The name of a limited liability company is

DUDA ASSOCIATES, LLC

2. The Articles of Organization were filed on June 29, 2012 and assigned

document number L 12000036336

3. The delayed effective date the dissolution is 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)

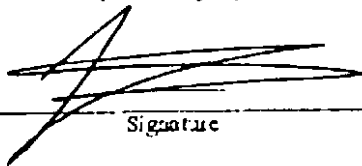
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

No longer conducting business.

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

Robert Paulis, Manager

\_\_\_\_\_  
Printed Name

FILING FEE: \$25.00

2023 MAR -8 AM 10:05  
SECRETARY  
FILED

D

20