

L12000086939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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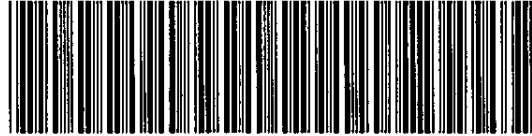
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch DEC 15 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PIDDLES, 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:

KIMBERLY SHELPMAN

(Name of Person)

(Firm/Company)

3133 GALINDO CIRCLE

(Address)

MELBOURNE, FL 32940

(City/State and Zip Code)

For further information concerning this matter, please call:

KIMBERLY SHELPMAN

(Name of Person)

at (321) 223-0704

(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

1. The name of a limited liability company is
PIDDLES, LLC

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2014
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

ALL MEMBERS ARE IN AGREEMENT TO DISSOLVE THE BUSINESS

PIDDLES, LLC

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:

Kennedy, Shelpman
Signature

KIMBERLY SHELPMAN

Printed Name _____

FILING FEE: \$25.00

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14 DEC 11 PM 4:10
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TALLAHASSEE, FLORIDA