

L12000 118815

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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J. Givens MAY 06 2014

FILED  
14 APR 30 AM 10:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BEVCLICK 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:

Tim Harris

(Name of Person)

BEVCLICK LLC

(Firm/Company)

250 NW 23<sup>rd</sup> St. #201

(Address)

MIAMI, FL 33127

(City/State and Zip Code)

For further information concerning this matter, please call:

Tim Harris

(Name of Person)

at ( 954 ) 661-9731

(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

BEVCLICK LLC

2. The Articles of Organization were filed on 9/17/2012 and assigned

document number L12000118815

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).

NEVER BEGAN OR HAD TRANSACTIONS

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

TIM HARRIS

250 NW 23<sup>rd</sup> St. #201

MIAMI, FL 33127

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

Tim Harris  
Printed Name

**FILING FEE: \$25.00**

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