

**L12000142447**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

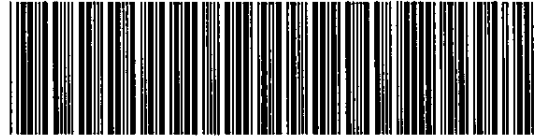
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**600293489056**

01/03/17--01029--024 \*\*25.00

FILED  
17 JAN 20 PM 4:00  
TALLAHASSEE, FLORIDA

JAN 23 2017

Y SULKER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 5, 2017

BRENT HUCKERT  
17301 HIALEAH DR  
ODESSA, FL 33556

SUBJECT: ACHUCKERT, LLC  
Ref. Number: L12000142447

We have received your document for ACHUCKERT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Notice of Dissolution must contain a description of information that should be included in a written claim.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 317A00000277

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Notice of LLC Dissolution

**DOCUMENT NUMBER:** 0 L12000142447

The enclosed Notice of Limited Liability Company Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brent Huckert  
(Name of Contact Person)

AC Huckert, LLC  
(Firm/Company)

17301 Hialeah Dr.  
(Address)

Odessa, FL 33556  
(City/State and Zip Code)

For further information concerning this matter, please call:

Brent Huckert at (904) 874-6995  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy<br>(Additional copy is enclosed) | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is enclosed) |
|--|---|---|---|

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## Notice of Limited Liability Company Dissolution

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: AC Huckert, LLC

Document number of Limited Liability Company is: L12000142497

Date of dissolution was: 12/29/16

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

I am dissolving the corporation and will  
no longer be conducting business. I am shutting  
down all operations, marketing, and sales transactions

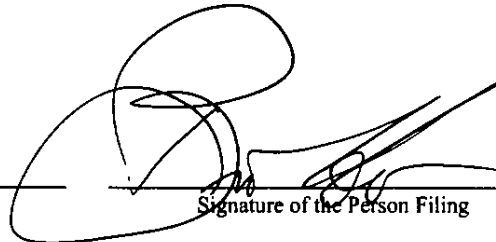
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

17301 Hiakalah Dr.  
Odessa FL  
33556

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.

Brent Huckert

Printed Name of the Person Filing



Signature of the Person Filing