

L12000156834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

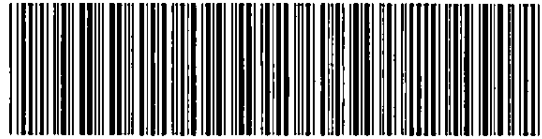
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer: **J. HORNE**

MAY 24 2024

Office Use Only



100429183581

05/06/24--01021--014 **25.00

FILED
2024 MAY -6 PM 12:26
STATE
CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE CHARLES HENRY UNGERMANN 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:

SHEILA DUPREE

(Name of Person)

MEMBER

(Firm/Company)

P O BOX 395

(Address)

JUPITER, FL 33468

(City/State and Zip Code)

For further information concerning this matter, please call:

SHEILA DUPREE

(Name of Person)

561

6857898

at (

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
2024 MAY -6 PM 12:26
CLERK OF THE COURT
STATE OF FLORIDA

1. The name of a limited liability company is
THE CHARLES HENRY UNGERMANN LLC
2. The Articles of Organization were filed on DECEMBER 12, 2012 and assigned
document number L12000156834
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)
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).
SOLD OUT THE 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

SHEILA DUPREE

Printed Name

FILING FEE: \$25.00