

L/2000159071

\_\_\_\_\_  
(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:

FEB 26 2014

3:11 PM

Office Use Only



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02/24/14--01027--022 \*\*30.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 FEB 24 AM 2:33

FILED

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Hunts Hole in Wall Bar-B-Que  
(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:

Debra Jones  
(Name of Person)  
Hunts Hole in Wall Bar-B-Que  
(Firm/Company)  
1435 Mara Ct S  
(Address)  
Sanford Fla 32771  
(City/State and Zip Code)

2014 FEB 24 AM 2:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Debra Jones at ( 407 ) 302-6864  
(Name of Person) (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

Hunts Hole in wall Bar-B-Que

2. The Articles of Organization were filed on 12-20-12 and assigned

document number 46-1599257

3. The delayed effective date the dissolution if not effective on the date of filing: 2-21-14

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).

Closing of Business Jan 1 2014 Due  
to separation of sponsors / volunteers.  
unable to operate call due to  
age. No income.

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

Debra Jones  
1435 Maria Ct  
Sanford Fla, 32771

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

Debra Jones

Printed Name

Debra Jones

**FILING FEE: \$25.00**

2014 FEB 24 AM 2:33  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

AGENCY 12-0273-00

INSURANCE PROF OF CENTRAL FLORIDA IN  
1525 INTERNATIONAL PKWY STE 4071  
LAKE MARY, FL 32746-7643



P.O. Box 30315, LANSING, MICHIGAN 48909-7815

01-07-2014

(407) 771-4994

DEBRA JONES  
DBA HUNTS HOLE IN THE WALL BAR B Q  
1435 MARA CT  
SANFORD, FL 32771-2994

Billing Plan	Account Number	Due Date	Minimum Due	Account Balance
MONTHLY	013179058	01-27-2014	\$35.09	\$386.06

Enroll at [www.auto-owners.com](http://www.auto-owners.com) to make a payment, view your premium invoice, or view your policy information. A separate Personal ID (PID) Code is required to enroll each policy. The PID Code(s) are located on the back of this invoice for each enrollable policy.

Payment of your premium via check to Auto-Owners Insurance or your agency authorizes us to process your payment electronically. Funds may be withdrawn from your account as soon as the same day we receive your payment.

A fee of up to \$15.00 will be charged if a cancellation notice is issued. A fee of up to \$25.00 will be charged for checks returned due to insufficient funds. If your check is returned for non-sufficient funds (NSF), we may re-present the check as an electronic ACH transaction. An \$8.00 convenience fee will be charged when making a payment by phone.

\*\*\*\*\* SEE THE REVERSE SIDE OF THIS PAGE FOR DETAILS OF YOUR ACCOUNT BALANCE \*\*\*\*\*

013441



Detach here and mail with your payment in the envelope provided. No staples please.

### Premium Invoice

01-07-2014

Billing Plan	Account Number	Due Date	Minimum Due	Account Balance
MONTHLY	013179058	01-27-2014	\$35.09	\$386.06

12-0273-00  
INSURANCE PROF OF CENTRAL FLORIDA IN  
1525 INTERNATIONAL PKWY STE 4071  
LAKE MARY, FL 32746-7643

PLEASE DO NOT SEND CASH.  
MAKE CHECK PAYABLE TO  
AUTO-OWNERS INSURANCE

DEBRA JONES  
DBA HUNTS HOLE IN THE WALL BAR B Q  
1435 MARA CT  
SANFORD, FL 32771-2994

AUTO-OWNERS INSURANCE  
P.O. BOX 30315  
LANSING, MI 48909-7815



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