L13000000442

(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



300400172273

01/23/23--01015--025 **25.00

2023 JAN 23 AM 7: 5:

ch 317817073

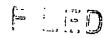
COVER LETTER

• •

TO: Registration Section

Div	vision of Corporations					
SUBJECT:	CLOCKWORK INVESTMENTS, LLC					
beather.	(Name of Limited Liability Company)					
The enclosed	d Articles of Dissolution and fee(s) are submitt	ted for filing.				
Please return	all correspondence concerning this matter to	the following:				
	GEORGINA QUINN					
	(Name of Person)					
	CLOCKWORK INVESTMENTS, LLC					
	(Firm/Company)					
	169 PICKENS RD					
	(Address)					
	WEAVERVILLE, NC 28787					
(City/State and Zip Code)						
For further in	nformation concerning this matter, please call:					
GEORGINA QUINN		954 297-8743 at ()				
	(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:		Street Address:				
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



1.	The name of a limited liability company is CLOCKWORK INVESTMENTS LLC		2023 JAN 23 AM 7: 55		
			TALL ASSEE. FL		
2.	The Articles of Organization were filed on JANU	JARY 14, 2013 ar	nd assigned		
	document number L13000006442				
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 li 605.0707, Florida Statutes, (copy 605.0707 on ba-	mited liability company's dissol ck cover letter).	ution pursuant to section		
-	THE MEMBERS OF THE LLC HAVE UNANIMOU	SLY ELECTED TO DISSOLVE T	HE ENTITY		
 -	PER THE LLC OPERATING AGREEMENT.				
-					
	If there are no members, enter the name and addractivities and affairs:	ress of the person appointed to w			
6. abo	Signature of an authorized person or if there are rove to wind up the company's activities and affair	no members, the signature of the	person appointed and listed		
/	MALLED.	GEORGINA C QUINN			
	Signature	Printed Na	me		

FILING FEE: \$25.00