

L130000 28786

(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



800268252268

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 JAN 20 PM 4:29
NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
2015 JAN 20 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 21 2015
J. HARRIS

CS

ACCOUNT NO. : I20000000195
REFERENCE : 437626 7926376
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

ORDER DATE : December 29, 2014

ORDER TIME : 2:44 PM

ORDER NO. : 437626-005

CUSTOMER NO: 7926376

DOMESTIC FILINGS

NAME: SHOOTING SAFE, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHOOTING SAFE, 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:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person)

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/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
SHOOTING SAFE, LLC
2. The Articles of Organization were filed on 2/25/2013 and assigned
document number L13000028786
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).
NOT ENOUGH CUSTOMERS
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:

Walter D. Nygard
Signature

WALTER D. NYGARD
Printed Name

FILING FEE: \$25.00

FILED
2015 JAN 20 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA