## L13000038116

| (R                                      | equestor's Name)      |          |  |  |
|---|-----------------------|----------|--|--|
| (A                                      | ddress)               |          |  |  |
| (A                                      | ddress)               |          |  |  |
| . (C                                    | ity/State/Zip/Phone # | P)       |  |  |
| PICK-UP                                 | ☐ WAIT                | MAIL     |  |  |
| (Business Entity Name)                  |                       |          |  |  |
| (Document Number)                       |                       |          |  |  |
| Certified Copies                        | Certificates o        | f Status |  |  |
| Special Instructions to Filing Officer: |                       |          |  |  |
|   |                       |          |  |  |
|   | •                     |          |  |  |
| <u>:</u>                                |                       |          |  |  |
|   |                       | :        |  |  |





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16 APR -4 PH 12: 44

SECRETALY OF STATE
TALLAUTSSEE FOR DRING.

461605

## **COVER LETTER**

| TO: Registration Section<br>Division of Corporation                | ons  |   |  |
|--|--|---|--|
| SUBJECT: 570bs In  | Qust ries<br>(Name of Limited                              | d Liability Company)  |  |
| The enclosed Articles of Disso<br>Please return all correspondence |  | -   |  |
|  | Stub's Indus (Firm)  8149 AW  Gaines ville FL (City/State) | Lies (Company)  52nd St ddress)   | TO APR -4 PH 12: 44  SECRETARY OF STATE ST |
| For further information concern                                    | ning this matter, please call:                             |   |  |
|  | h ei-es<br>ne of Person)                                   | at ( 775 ) 250 · 9/ <b>3</b> 9<br>(Area Code & Daytime Telephone No   | umber)   |
| Enclosed is a check for the follows \$25.00 Filing Fee and C       | •  | ☐ \$55.00 Filing Fee, Certificate of Dissolut<br>Certified Copy (additional copy is enclo                               |  |
| Registration Division of P.O. Box 6                                | f Corporations   | STREET/COURIER AD<br>Registration Section<br>Division of Corporations<br>Clifton Building<br>2661 Executive Center Circ |  |

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The name of a limited liabil                                 | ity company is   |  |
|---|--|--|
| Stubs Indu  | stries   | ······································         |
| 2. The Articles of Organization                                 | n were filed on 3/13/2013  | and assigned                                   |
| document number   | 00038116   |  |
| Note: If the date inserted in t                                 | he dissolution if not effective on the date<br>date cannot be prior to or more than 90 days later<br>his block does not meet the applicable statute<br>tive date on the Department of State's record | ory filing requirements, this date will not be |
| 4. A description of occurrence 605.0707, Florida Statutes, (    | that resulted in the limited liability com copy 605.0707 on back cover letter).  | pany's dissolution pursuant to section         |
|   |  | ELA R  |
| Company so  | longer needed.   |  |
|   |  | 100 A  |
| 5. If there are no members, ent                                 | er the name and address of the person ap   | opointed to wind up the company's              |
| activities and affairs:   | Jeremy Keyes   |  |
|   | 8149 NW 52nd St  |  |
|   | 8149 NW 52nd 87<br>Graines VIIIP, FL 32653   |  |
| 6. Signature of an authorized p listed above to wind up the con | person or if there are no members, the signpany's activities and affairs:  | gnature of the person appointed and            |
| John  | Jerem Jerem  | y Keycs  |
| Signature /   |  | ' Printed Name                                 |

**FILING FEE: \$25.00**