

L13000041567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

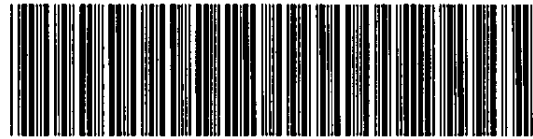
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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MAY 20 2014
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2014 MAY 12 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ocala Cigar Emporium, 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:

George G. Hornby, III, Manager

(Name of Person)

(Firm/Company)

4020 South Pine Avenue

(Address)

Ocala, FL 34480

(City/State and Zip Code)

For further information concerning this matter, please call:

Lori Hornby

(Name of Person)

352

804-3900

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

CLERK OF STATE
TALLAHASSEE, FLORIDA

2014 MAY 12 PM 3:00

FILED

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
Ocala Cigar Emporium, LLC
2. The Articles of Organization were filed on 3/20/13 and assigned
document number L13000041567
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).
Limited Liability Company no longer needed, all assets sold during 2013 and
company closed out.
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:

George G. Hornby III, Manager George G. Hornby, III, Manager
Signature Printed Name

FILING FEE: \$25.00

2014 MAY 12 PM 3:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Ocala Cigar Emporium, LLC

Document number of Limited Liability Company is: L13000041567

Date of dissolution was: _____

Description of information that must be included in a written claim:

Name(s), contact information including name, address, phone and email, and

reason for claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

George G. Hornby, III, Manager

4020 South Pine Avenue

Ocala, FL 34480

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

George G. Hornby, III, Manager

Printed Name of the Person Filing

George G. Hornby, III, Manager
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

2014 MAY 12 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA