

L13000051101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

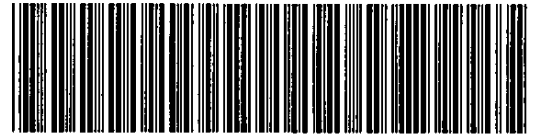
(Document Number)

Certified Copies _____

Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



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07/09/14--01008--005 **25.00

CLERK OF STATE
TALLAHASSEE, FLORIDA

14 JUL -9 PM 1:45

FILED

JUL - 9 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Osprey Leather LLC

(Name of Limited Liability Company)

41 Glenwood Ave

Osprey, FL 34229

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephen J. DeLong

(Name of Person)

Osprey Leather LLC

(Firm/Company)



~~4501 Terminal Tr.~~ 41 Glenwood Ave

(Address)

Osprey, FL 34229

(City/State and Zip Code)

For further information concerning this matter, please call:

Diane DeLong MGRM at (941) 687-8015

(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

FILE
14 JUL -9 PM 1:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Osprey Leather LLC

2. The Articles of Organization were filed on 4/2/2013 and assigned

document number L13000051101

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)

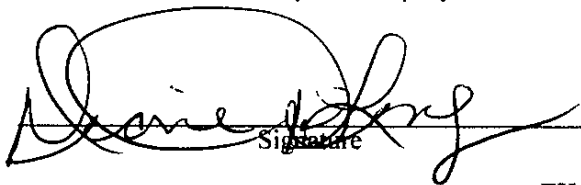
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Closed Due Till Illness
Unable to Continue

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

Diane DeLong MGRM
41 Glenwood Ave
Osprey, FL 34229

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

Diane DeLong MGRM
Printed Name

FILING FEE: \$25.00