

L13000104644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

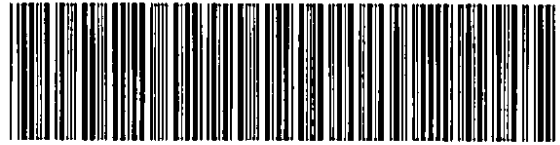
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900348545229

07/22/20 --01024--029 **25.00

RECEIVED

JUL 15 2020

SECRETARY OF STATE
TALLAHASSEE, FL

2020 JUL 15 AM 7:57

FILED

D. BRUCE
AUG 27 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA FREEDOM ACADEMY 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:

DONNA M. GUNN
(Name of Person)

FLORIDA FREEDOM ACADEMY LLC
(Firm Company)

2233 MADACA LN APT 111
(Address)

LAND O LAKES FL 34639
(City/State and Zip Code)

For further information concerning this matter, please call:

DONNA GUNN at 813, 416-0745
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FL

2020 JUL 15 AM 7:57

FILED

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
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

FLORIDA FREEDOM ACADEMY LLC

2. The Articles of Organization were filed on 7/23/2013 and assigned

document number L13000104644

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 limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

REQUIREMENT OF NEW JOB.

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

DONNA M. GUNN

2233 MADACA LN #111

LAND O' LAKES, FL 34639

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:

Donna M. Gunn
Signature

DONNA M. GUNN
Printed Name

FILING FEE: \$25.00

2020 JUL 15 AM 7:57
SECRETARY OF STATE
TALLAHASSEE, FL

FILED