

UPBDD 115064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

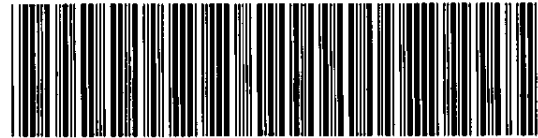
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200271349962

04/30/15--01006--003 **25.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 APR 30 AM 8:08
NOTIFIED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

APR 30 2015
S. YOUNG

FILED
15 APR 30 AM 8:16
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: North Florida Marine Fisheries, 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:

Steve Cushman

(Name of Person)

North Florida Marine Fisheries, LLC

(Firm/Company)

233 Clark Dr

(Address)

Panacea, Florida 32346

(City/State and Zip Code)

For further information concerning this matter, please call:

Steve Cushman

(Name of Person)

at 940 735-1879

(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

FILED
15 APR 30 AM 8:16
TALLAHASSEE, FL

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

1. The name of a limited liability company is

North Florida Marine Fisheries, LLC

2. The Articles of Organization were filed on 08/14/2013 and assigned

document number L13000115064

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).

Company closed

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:



Signature

Steve Cushman

Printed Name

FILING FEE: \$25.00

FILED
APR 30 AM 8:16
SECRETARY OF STATE