

L13000122279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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2015 MAR 26 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 16 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wanted Dead or Alive ~~1000~~ Racing 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:

Christine Horgan
(Name of Person)

Wanted Dead or Alive LLC
(Firm/Company)

1011 Apul Ln
(Address)

N.E. Myers Fl 33903
(City/State and Zip Code)

For further information concerning this matter, please call:

Christine Horgan at (941) 204-5144
(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**

1. The name of a limited liability company is

Wanted Dead or Alive RACING LLC

2. The Articles of Organization were filed on 8/29/13 and assigned

document number L13000122279

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).

NO longer in business

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

Christine Horgan

1011 April Ln

N. Ft. Myers FL 33903

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

Christine Horgan
Printed Name

FILING FEE: \$25.00

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