

L13000124632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

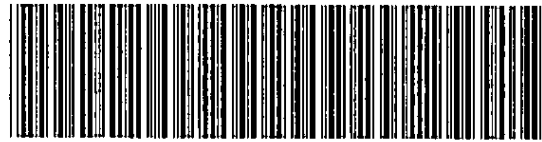
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



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04/08/19--01014--004 **25.00

S TALLENT
APR 30 2019

FILED
2019 APR 29 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FL

V-1/D



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 18, 2019

ELIZABETH JACOCKS
UCUMBE
PO BOX 182
ISLAMORADA, FL 33036

SUBJECT: UCUMBE LLC
Ref. Number: L13000124632

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

PLEASE COMPLETE ALL AREAS OF BOTH FORMS IN ORDER TO FILE THE DOCUMENT AND RESUBMIT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 919A00007879

2019 APR 29 PM 3:34
RECEIVED
TALLENT, SUSAN
REGULATORY SPECIALIST II

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ucumbe
(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:

Elizabeth Jacocks

(Name of Person)

Ucumbe

(Firm/Company)

PO Box 182 81868 overseas Hwy

(Address)

Islamorada

(City/State and Zip Code)

For further information concerning this matter, please call:

Elizabeth Jacocks

(Name of Person)

305 6642571

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

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

1. The name of a limited liability company is

Ucumbe LLC

2. The Articles of Organization were filed on October 1013 9/4/2013 and assigned
document number L13000124632

3. The delayed effective date the dissolution if not effective on the date of filing: 11/01/2017
(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 be listed as the document's effective date on the Department of State's records.

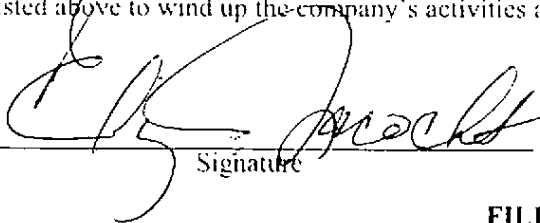
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Publix opened AND SALES
DROPPED SO LOW WE COULD NOT
STAY OPENED.

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

Elizabeth L. Jacocks
P.O. Box 182
Islamorada Fl. 33036

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

Elizabeth Jacocks

Printed Name

FILING FEE: \$25.00

FILED
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SECRETARY OF STATE
TALLAHASSEE, FL