L13000159296

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. RIVERS

MAY 13 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dissolution of Pridgeon's Limited LLC

DOCUMENT NUMBER: L13000159296

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ben Pridgeon, Sr.
(Name of Contact Person)

Pridgeon's Limited LLC
(Firm/Company)

1208 Mimosa Drive
(Address)

dtallahassee, Florida 32312
(City/State and Zip Code)

For further information concerning this matter, please call:

Ben Pridgeon, Sr. at (850) 224-5091
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ $25 Filing Fee ☐ $30 Filing Fee & Certificate of Status ☐ $55 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ $60 Filing Fee, Certificate of Status & 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

CR2E142 (2/14)

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
   Pridgeon's Limited LLC

2. The Articles of Organization were filed on November 2013 and assigned
   document number L13000159296

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).
   Out Of 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: _____

2023 MAR -9 PM 12:04
FILED

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

Ben Pridgeon, SR
Printed Name

FILING FEE: $25.00