

L13000164624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

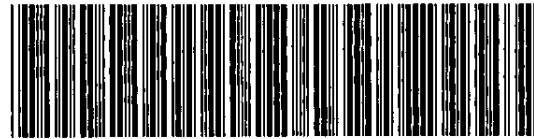
(Document Number)

Certified Copies _____ Certificates of Status _____

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10/26/16--01016--003 **25.00

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17 FEB 27 PM 4:19
JMK/2017

O SIMMONS
FEB 2, 2017

ALBERT B. WILCOX, JR.
4401 NE 90TH STREET
ANTHONY, FLORIDA 32617
16 February 2017

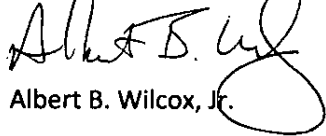
TO: FL DOS, ATTN: Octavia Simmons

FROM: Albert B. Wilcox, Jr.

SUBJECT: Dissolution of ARMAVEN-OPS, LLC Effective 10/23/16

I called your office today and the nice lady said to send you the dissolution forms which are attached. She said you already have my check #1757 in the amount of \$25 so I do not have to pay for it again. She said you mailed me a letter, but didn't receive it? Understand we have a rural mailbox out on the road and things do not always arrive for obvious reasons. If you can please send me a quick note that you got everything you need to dissolve the LLC.

Thank you for all your help and understanding,


Albert B. Wilcox, Jr.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARM AVEN-OPS, 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:

Ascent B. Wilcox Jr
(Name of Person)

ARM AVEN-OPS, LLC
(Firm/Company)

4401 NE 90th ST
(Address)

Anthony FL 32617
(City/State and Zip Code)

For further information concerning this matter, please call:

Ascent B. Wilcox Jr at (352) 368-1722
(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

ARMADON-OPS, LLC

2. The Articles of Organization were filed on 11/25/13 and assigned

document number 613000164624

3. The delayed effective date the dissolution if not effective on the date of filing: 10-23-16
(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).

Absent B. Wilcox, Jr - cancer

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

Absent B. Wilcox, Jr

4401 NE 90th ST

Anthony FL 32617

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

Albert B. Wilcox, Jr
Signature

Absent B. Wilcox, Jr
Printed Name

FILING FEE: \$25.00