

L14000021766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

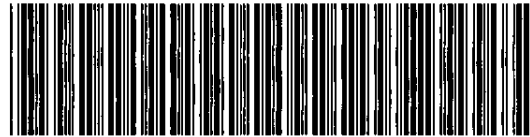
(Document Number)

Certified Copies _____

Certificates of Status ☒

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15 JAN 27 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB - 4 2015

T. BROWN

DICKS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BADWILLIES, 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:

Casey Wilson

(Name of Person)

Ascentia FE, LLC

(Firm/Company)

301 W. Platt St., #346

(Address)

Tampa, FL 33606

(City/State and Zip Code)

For further information concerning this matter, please call:

Casey Wilson

(Name of Person)

813

448-6558

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**

FILED
15 JAN 27 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

BADWILLIES LLC

2. The Articles of Organization were filed on 2/7/14 and assigned

document number L14000021766

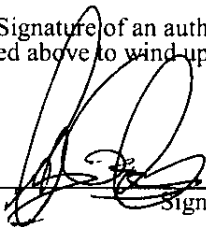
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

Upon written consent of all of the Members.

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

Lucas Good

Printed Name

FILING FEE: \$25.00