# L140000 75400

/0-	questor's Name)	
(Ne	questor's traine)	
(Ad	dress)	
(Ad	dress)	<del></del>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(==	omose Emily Ham	
(Do	cument Number)	
(50	odinent (valiber)	
Cadillad Caulia	Continue	of Chabus
Certified Copies	_ Certificates	or Status
····		
Special Instructions to	Filing Officer:	
		:
<u>.</u>		٠





300286042443

**30028604244**3 05/23/16--01012--011 \*\*25.00



## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Double L Enterprises LCC			
(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:			
Heather Wyllie			
(Name of Person)			
(Firm/Company)			
481 Patricia Avenue			
Dunodin FL 34698			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Heather Wyllie = 1727 , 238-1946			
(Name of Person) (Area Code & Daytime Terephone 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)			
For further information concerning this matter, please call:  Heather Wyllie at (727) 238 – 1946 (Name of Person) (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  \$\sum{\$\$25.00\$ Filing Fee and Certificate of Dissolution}			

## **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
DOUBLE LENTERPRISES LLC
2. The Articles of Organization were filed on 3/3/14 and assigned
document number <u>L14000035406</u>
3. The delayed effective date the dissolution if not effective on the date of filing: 03 01 20(6 (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).
Business ceased trading as of 12/31/2015.
Owner re-locating out of state. Decrease
in cereace resulted in conscery not being
profitable a was running at a loss
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:
WHATHER L WICLE
Signature Printed Name FILING FEE: \$25.00