

L14000081077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

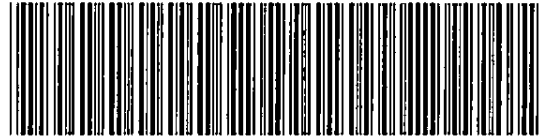
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

000000
DISS.

Office Use Only



800440718458

12/09/24--01014--028 **25.00

2024 DEC -9 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

[Handwritten signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C. DALTON 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:

AL HARDEE

(Name of Person)

(Firm/Company)

10850 NW 64TH TER

(Address)

CHIEFLAND, FL 32626

(City/State and Zip Code)

For further information concerning this matter, please call:

AL HARDEE

(Name of Person)

352

at (_____) _____

(Area Code & Daytime Telephone Number)

221-0243

SECRETARY OF STATE
TALLAHASSEE, FL

2024 DEC -9 AM 9:37

FILED

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of a limited liability company is

C. DALTON LLC

2. The Articles of Organization were filed on 05/19/2014 and assigned

document number L14000081077

3. The delayed effective date the dissolution if not effective on the date of filing: 11/30/2024

(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).

ALL ASSETS WERE DISTRIBUTED FROM THE LLC

ALL ASSETS WERE DISTRIBUTED FROM THE LLC

ALL ASSETS WERE DISTRIBUTED FROM THE LLC

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

activities and affairs:

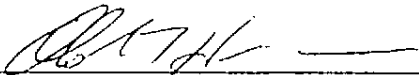
ALSTON HARDEE

10850 NW 64TH TER

CHIEFLAND, FL 32626

2024 DEC -9 AM 9: 37
FILED
SECRETARY OF STATE
TALLAHASSEE, FL

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

ALSTON HARDEE

Printed Name

FILING FEE: \$25.00