

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone : (850)205-8842

Fax Number : (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL C SQUARED LACES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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J. HARRIS

COVER LETTER

TO:

Registration Section Division of Corporations

C Squared Laces, 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:

Stephen M. Hetrick

(Name of Person)

McAfee & Taft A Professional Corporation

10th Floor, Two Leadership Square, 211 N. Robinson

(Address)

Oklahoma City, Oklahoma 73102

(City/State and Zip Code)

For further information concerning this matter, please call:

William Silvia

918 574-3043

(Area Code & Daytime Telephone Number)

(Name of Person)

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee and Certificate of Dissolution

D \$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	Signature	Printed Name
		Jacob G. Jackson
Ste	signature of an authorized person or if there d above to wind up the goinpany's activities	are no members, the signature of the person appointed and s and affairs:
•		
	f there are no members, enter the name and	address of the person appointed to wind up the company's
-		
-		
	All members have consented to the dissolution of	·
٠,	A description of occurrence that resulted in	the limited liability company's dissolution pursuant to section on back cover letter).
	Note: If the date inserted in this block does no listed as the document's effective date on the E	of meet the applicable statutory filing regularments, this date will not
3,	The delayed effective date the dissolution i	finot effective on the date of filing:
	document number L14000088550	 -
2.	The Articles of Organization were filed on	June 3, 2014 and assigned
	C Squared Laces, LLC	

FILING FEE: \$25.00

TALL AM 9: 23

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: C Squared Laces, LLC
Document number of Limited Liability Company is: L14000088550
Date of dissolution was:
Description of information that must be included in a written claim:
Amount of the claim.
Basis for the claim.
Documentation of the claim.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) McAfee & Taft A Professional Corporation c/o Stephen M. Hetrick
10th Floor, Two Leadership Square, 211 N. Robinson
Oklahoma City, Oklahoma 73102
A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
Jacob G. Jackson Printed Name of the Person Filling Signature of the Person Filling
Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00