L14000103762

(Re	equestor's Name)	1
(Ac	idress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	Office Use Or	nlv



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 08/31/14

AUG 1 6 2013

· BirdJCa

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Charlies Logo LA (Name of Limited L	iability Company)
The enclosed Articles of Dissolution and fee(s) are submitted for	or filing.
Please return all correspondence concerning this matter to the f	following:
Greg Buke (Name of	Person)
(Firm/Company)	
2429 Rinera Part St. Lucie (City/State and	11. 34952 E
For further information concerning this matter, please call:	
Greg Buker (Name of Person)	at (272) 359-5111 55 (Area Code & Daytime Telephone Nuitiber)
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	STREET/COURIER ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

l.	The name of a limited liability company is Charlie's Boyo LLC.
2.	The Articles of Organization were filed on $\frac{6/37/3014}{}$ and assigned
	document number <u>L14000103762</u>
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 tiling) 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).
5.	If there are no members, enter the name and address of the person appointed to wind up the simpany's activities and affairs:
	SSEEV FLORID
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:
	Signature Signat

FILING FEE: \$25.00

EFFECTIVE DATE 08/3/14