# L14000127671

| (Re                                     | questor's Name)   |           |  |  |
|---|-------------------|-----------|--|--|
| (Ad                                     | dress)            |           |  |  |
| (Ad                                     | dress)            |           |  |  |
| (City/State/Zip/Phone #)                |                   |           |  |  |
| PłCK-UP                                 | ☐ WAIT            | MAIL      |  |  |
| (Bu                                     | siness Entity Nam | e)        |  |  |
| (Document Number)                       |                   |           |  |  |
| Certified Copies                        | _ Certificates    | of Status |  |  |
| Special Instructions to Filing Officer: |                   |           |  |  |
|   |                   |           |  |  |
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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

## NATIONAL HOMECRAFT OF FLORIDA, 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:

| GERALD W MCKINNEY         |  |  |  |
|---------------------------|--|--|--|
| (Name of Person)          |  |  |  |
| (Firm/Company)            |  |  |  |
| PO BOX 830764             |  |  |  |
| (Address)                 |  |  |  |
| OCALA FL 34483            |  |  |  |
| (City/State and Zip Code) |  |  |  |

For further information concerning this matter, please call:

TWILA B KOON-MCKINNEY at (352) 622-2580

(Name of Person) (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

|           | FILING FEE: \$25.00  |
|-----------|--|
|           | Signature GERALD W MCKINNEY Printed Name   |
| o.<br>lis | Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:   |
| 6         | Signature of an outborized newspaper of these areas and the signature of t |
|           |  |
| 5.        | If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:   |
|           |  |
|           | BY AGREEMENT BETWEEN MEMBERS TO DISCONTINUE OPERATION  |
| 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).   |
| 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)  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.   |
|           | document number L14000127671   |
| 2.        | The Articles of Organization were filed on AUGUST 14, 2014 and assigned  |
|           | The name of a limited liability company is  NATIONAL HOMECRAFT OF FLORIDA, LLC   |

### 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: NATIONAL HOMECRAFT OF FLOR   | IDA, LL            | _C        |   |
|---|--------------------|-----------|---|
| Document number of Limited Liability Company is: L14000127671   |                    |           |   |
| Date of dissolution was:  |                    |           |   |
| Description of information that must be included in a written claim:  |                    |           |   |
| NAME OF COMPANY   |                    |           |   |
| COPY OF RECEIPT, CONTRACT AND/OR AGREEN   | <u>IENT</u>        |           |   |
| CLAIM WAS FOR   |                    |           |   |
| CLAIMANT INFORMATION  |                    |           |   |
|   |                    |           |   |
| Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corpor  | ations)            | 16 MAR 18 | , .                                       |
|   | 67<br>The          |           | , ,<br>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| OCALA FL 34483-0764   | F STATE<br>FIORIDA |           | }<br>?<br>****                            |
| A claim against the above named limited liability company will be barred unless a proceeding claim is commenced within 4 years after the filing of this notice. | ng to <b>enfo</b>  | rce the   |   |
| GERALD W MCKINNEY   |                    | ·<br>     |   |
| Printed Name of the Person Filing Signature of the Person   | Filing             |           |   |

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00