# L14000130172

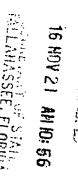
(Re	equestor's Name)		
(Ac	dress)		
(Ac	ldress)		
(Ci	ty/State/Zip/Phon	<u>=</u>	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificate	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: 600d Fella's Recovery 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:				
r lease return an correspondence concerning his matter to the following.				
Name of Person)				
(Name of Person)				
(Firm/Company)				
SSS Green Springs Plue  (Address)  WTB FL 3)409				
(Address)				
W7B FL 3)409				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
John Varie 1501 275-4570				
Name of Person) at (501) 325-4670 (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

# **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

Name of Limited Liability Company: Good Calla's Recovery LLC

Document number of Limited Liability Company is: L | 4060 130 172

Date of dissolution was: Illu | 16

Description of information that must be included in a written claim:

(Ombony is no longer active

Company is no longer active

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Session Servings Place

West Palm Oceach FC 33409

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

Signature of the Person Filing

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.

# ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. 7	ne name of a limited liability company is	
-	Good Fella's Recovery LLC	•
2. 7	ne Articles of Organization were filed onand assigned	
(	ocument number L   4600 130 172	
3. T	ne 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)  iote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will n  sted as the document's effective date on the Department of State's records.	ot be
4. 6	description of occurrence that resulted in the limited liability company's dissolution pursuant to sect 5.0707, Florida Statutes, (copy 605.0707 on back cover letter).	ion
	Company income was not sufficient	
_	to continue specations	
_	To the second se	
5. I	there are no members, enter the name and address of the person appointed to wind up the company's	٠.
â	tivities and affairs: John Samuel Youree II	grane Je
	585 Green Springs Place 30 8	F 64
	WIB FL 23401	***
6. S liste	gnature of an authorized person or if there are no members, the signature of the person appointed and above to wind up the company's activities and affairs:	l
/.		
	Signature Anthony Combrea Printed Name	

FILING FEE: \$25.00