L14000 135764

·				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
[a				
Special Instructions to Filing Officer:				

Office Use Only



700440219167

123-24 01036-608 \$55.00



COVER LETTER

TO:

	egistration Section ivision of Corporations				
ekind team	BITE ME SPORFISHING, LLC				
SUBJECT:(Name of Limited Liability Company)					
	sed Articles of Dissolution and fec(s) are submitted				
	Raymond G. Robison				
	(Nan	ne of Person)			
	Fox McCluskey Bush Robison, PLLC				
	(Fin	n/Company)			
	2300 SB Monterey Rd., Suite 201				
		Address)			
	Stuart, FL 34996				
	(City/Sta	ate and Zip Code)			
For furth	er information concerning this matter, please call	;			
	Raymond G. Robison	772 287-4444			
	(Name of Person)	at () (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	Street Address: Registration Section Division of Corporations The Centre of Tallahassee			
	P.O. Box 6327 Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

. The name of a limited liability company BITE ME SPORTFISHING, LLC	/ is	
2. The Articles of Organization were filed	on August 29, 2014	and assigned
document number L14000135764		
The delayed effective date the dissoluti (effective date cannot be Note: If the date inserted in this block do listed as the document's effective date on	e prior to or more than 90 days late: es not meet the applicable statute	r than date document is received for ning) ory filing requirements, this date will not t
4. A description of occurrence that resulte 605.0707, Florida Statutes, (copy 605.0	ed in the limited liability com 707 on back cover letter).	pany's dissolution pursuant to section
Consent of all Members.		
5. If there are no members, enter the nam	e and address of the person a	ppointed to wind up the company's
activities and affairs:		
•		
	<u>, , </u>	
6. Signature of an authorized person or it above to wind up the company's activitie	f there are no members, the si s and affairs:	gnature of the person appointed and li
CAAIX-	Craig Zoufaly	
Signature		Printed Name
	VITING BRE: \$25.00	

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:
Document number of Limited Liability Company is: L14000135764
Date of dissolution was: Movember 8, 2024
Description of information that must be included in a written claim:
Name and Address of Claimant
Amount of Claim
Whether Claim is Scoured or Contingent
Detailed Description of Type of Claim
Date Claim Arose
Jupiter, FL 33477
,
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.
Craig Zoufaly 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