

214 000 152039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

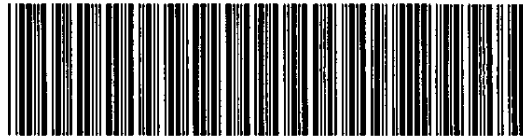
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/16/15--01024--012 **25.00

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15 MAR 16 AM 10:53

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Yellow Card Sports, 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:

James L Abel

(Name of Person)

Yellow Card Sports, LLC

(Firm/Company)

3522 Knox Terrace

(Address)

Port Charlotte, FL 33948

(City/State and Zip Code)

For further information concerning this matter, please call:

James L Abel

(Name of Person)

at (

941

235-1830

(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**

1. The name of a limited liability company is
Yellow Card Sports, LLC
2. The Articles of Organization were filed on 09/29/2014 and assigned
document number L14000152039
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)
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).
A limited liability company organized under this chapter shall be dissolved
upon the written consent of all of the members of the limited liability company

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: James L Abel
3522 Knox Terrace
Port Charlotte, FL 33948

6. Signature of an authorized person or if there are no members, the signature of the person appointed
listed above to wind up the company's activities and affairs:


Signature

James L Abel

Printed Name

FILING FEE: \$25.00

15 MAR 16 AM 10:53

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