

L14000 179173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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12/07/15--01030--017 **25.00

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15 DEC -7 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 08 2015

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DISSOLUTION OF WORKERBEE 442 LLC

DOCUMENT NUMBER: L14000179173

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TERRI BOILLARD

(Name of Contact Person)

Workerbee 442 LLC

(Firm/Company)

163 Waterside Dr

(Address)

Hypoluxo FL 33462

(City/State and Zip Code)

For further information concerning this matter, please call:

TERRI BOILLARD

(Name of Contact Person)

at (561)

(Area Code)

676-1109

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

(Additional copy is enclosed)

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

(Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Notice of Limited Liability Company Dissolution

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: WORKERBEE 442 LLC

Document number of Limited Liability Company is: L 14000179 173

Date of dissolution was: 12-1-2015

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

NOT ABLE TO FIND WORK
RELOCATED FROM FLORIDA TO THE
STATE OF MAINE

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

JERRI BOILARD
103 A Greenleaf Parsons Rd
Cape Neddick, ME
03902

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.

JERRI BOILARD
Printed Name of the Person Filing

Jerr Boilard
Signature of the Person Filing

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WORKERBEE 442 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:

Terri BOILARD
(Name of Person)

Workerbee 442 LLC
(Firm/Company)

163 Waterside DR
(Address)

Hydroluxo FL 33462
(City/State and Zip Code)

For further information concerning this matter, please call:

Terri BOILARD at (561) 676-1109
(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**

1. The name of a limited liability company is

Wackerbee 442 LLC

2. The Articles of Organization were filed on 11/18/14 and assigned

document number L14000179173

3. The delayed effective date the dissolution if not effective on the date of filing: 12/1/2015
(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.

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).

NOT SUCCESSFUL TO KEEP OPEN ANY LONGER

I AM NOW LIVING IN THE STATE OF MAINE

103 A Greenleaf Parsons Rd

Cape Neddick, ME 03902

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: TERRI BOILARD

current address 103 A Greenleaf
Parsons Rd.
Cape Neddick, ME
03902

163 Waterside Dr

Hypoluxo, FL 33466

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

TERRI BOILARD
Signature

TERRI BOILARD
Printed Name

FILING FEE: \$25.00

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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