

11500005142

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(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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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 FEB 20 PM 2:36

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FEB 20 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BRAD McElhinney L.L.C.  
(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:

BRAD McElhinney  
(Name of Person)

BRAD McElhinney L.L.C.  
(Firm/Company)

11416 NEWGATE CREST DR.  
(Address)

RIVER VIEW FL 33579  
(City/State and Zip Code)

For further information concerning this matter, please call:

BRAD McElhinney at (301) 661 0094  
(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

BRAD McELhinney LLC.

2. The Articles of Organization were filed on 1/9/2015 and assigned

document number L1500005142

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/17  
(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).

SLC LLC Bought Routes Back for re-alignment  
I chose not to repurchase a new route

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

BRAD McELhinney  
11416 New Gate Creek Dr  
River View fl 33579

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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:

  
Signature

BRAD McELhinney  
Printed Name

**FILING FEE: \$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: BRAD McELhinney L.L.C.

Document number of Limited Liability Company is: L 1500005742

Date of dissolution was: 12/21/17

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

copy of Any INVOICE DATED NO LONGER THAN 120 Days

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

11416 MUSATE CREST DR.  
RIVERVIEW FL 33579

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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.

BRAD McELhinney  
Printed Name of the Person Filing

[Signature]  
Signature of the Person Filing