# L15000009701

(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer	
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## **COVER LETTER**

Division of Corporations	
SUBJECT: Yoden's enterprise (Name of Limited L	<u>  [c</u>
(Name of Limited L	nability Company)
The enclosed Articles of Dissolution and fee(s) are submitted for	or filing.
Please return all correspondence concerning this matter to the f	ollowing:
Jonathan Yoder	
(Name of	Person)
Jonathan Yoder Name of Yoder's Enterprise	2
1044 Herndon Place	)
(Addr	ress)
Sarasota Florida (City/State an	34232
(City/State an	d Zip Code)
For further information concerning this matter, please call:	
Jonathan Yoder (Name of Person)	at (94) 726-8721  (Area Code & Davime Telephone Number)
(Mattle of Felson)	(Adea Code de Dayume Fotophone (Ambor)
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:

TO:

Registration Section

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
	Yoder's Enterprise LLC
2.	The Articles of Organization were filed on 01/07/2015 and assigned
	document number <u>L 1500000 9701</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: 5/10/2016  (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).  pursuant to consent of all members.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	1044 Herndon Pl.
	Sarasota, Fl. 34232
	Will war
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
0	nothan Yoder Jonathan Yoder

**FILING FEE: \$25.00**