L15000060259

(Re	questor's Name)	
(Ad	dress)	
•	•	
	dress)	
(Au	aress)	
(Cit	y/State/Zip/Phone	#)
		—
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
(50	outhern Number,	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filina Officer:	
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Office Use Only



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A. RIVERS MAY 1 3 2023

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJE	Celbegon911, LLC							
(Name of Limited Liability Company)								
	closed Articles of Dissolution and fee(s) are submitteereturn all correspondence concerning this matter to t	-						
	Dale J. Thomas							
	(Nam	e of Person)						
	Celbegon911, LLC							
	(Firm/Company)							
	1 Lakeview Rise							
	(/	Address)						
	Beacon Falls, CT 06403							
	(City/Stat	e and Zip Code)						
For fur	ther information concerning this matter, please call:							
	Dale J. Thomas	203 913-4345 at ()						
	(Name of Person)	(Area Code & Daytime Telephone Number)						
Enclose	d is a check for the following amount:							
į	S25.00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)						
	Mailing Address: Registration Section	Street Address: Registration Section						
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corporations The Centre of Tallahassee						
		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

i.	The name of a limited liabil CELBEGON911 ,LLC	ity company is			·		
2.	The Articles of Organizatio	n were filed on 04/06/2015	and	assigned			
	document number L1500000	50259					
3.	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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not 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).						
	The property owned by this LLC was sold, and the company is no longer operating and has no assets.						
5.	If there are no members, en	ter the name and address of the p	person appointed to wine	d up the compa	حب		
	activities and affairs:	Dale J. Thomas, AMBR		5 jul	<u> </u>		
		Barbara L. Thomas, AMBR		A 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	-1		
				173.4 173.4			
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				<u> </u>	0.1		
6. ab	Signature of an authorized pove to wind up the company	person or if there are no member 's activities and affairs:	s, the signature of the po	erson appointed	d and liste		
\bigcirc	alo 9 Thomas	Dale J	. Thomas				
	Signature		Printed Name	3			

FILING FEE: \$25.00