

L19000079203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

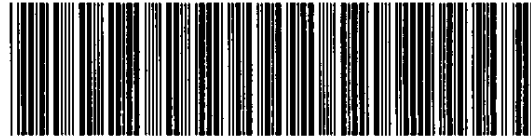
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/02/18--01020--025 \*\*35.00

FILED  
18 FEB 16 AM 8:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

FEB 19 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 4, 2018

DIANE MICHAEL  
940 VILLAGE TRAIL, UNIT 9204  
PORT ORANGE, FL 32127

SUBJECT: THE MICHAEL-PULLIN TRIBE, LLC  
Ref. Number: L15000075203

We have received your document for THE MICHAEL-PULLIN TRIBE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 718A00000259

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Michael-Pullin Tribe, 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:

Diane E. Michael  
(Name of Person)  
The Michael-Pullin Tribe, LLC  
(Firm/Company)  
940 Village Trail #9204  
(Address)  
Port Orange, FL 32127  
(City/State and Zip Code)

For further information concerning this matter, please call:

Diane Michael at ( 386 ) 5381083  
(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

Already  
Sent in a  
check for  
\$35.00  
See letter.

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

The Michael - Pullin Tribe, LLC

2. The Articles of Organization were filed on April 28, 2015 and assigned

document number 215000075203

3. The delayed effective date the dissolution if not effective on the date of filing: 12/10/17  
(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).

Business was not producing enough money to pay  
employees.

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

Diane Michael

940 Village Trail #9204

Port Orange, FL 32127

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:

Diane Michael

Signature

Diane Michael

Printed Name

**FILING FEE: \$25.00**

**FILED**  
**10 FEB 16 AM 8:43**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**