

L150000 82543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

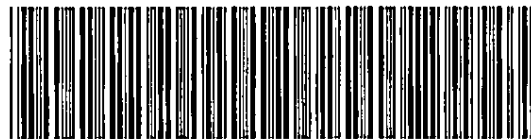
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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20 JAN 23 PM 2:30

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CLERK OF SUPERIOR COURT
JAN 23 2020

FEB 19 2020
C. McHARR

2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL Hands on Deck of Northwest Florida, 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:

Joe G. Moffitt

(Name of Person)

ALL Hands on Deck of Northwest Florida, LLC

(Firm/Company)

1036 Candlewood Circle

(Address)

Pensacola Florida 32514

(City/State and Zip Code)

For further information concerning this matter, please call:

Joe G. Moffitt

(Name of Person)

at (850) 497-2071

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

20 JAN 23 PM 2:30
JAN 23 2020
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

ALL Hands on Deck of Northwest Florida, LLC

2. The Articles of Organization were filed on May 1, 2015 and assigned

document number L15000082543

3. The delayed effective date the dissolution if not effective on the date of filing: Day 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 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).

No Business! As Simple as That!!

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

Joe G. Moffitt
1036 Cardboard Circle
Pensacola, Florida 32514

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

Joe G. Moffitt
Printed Name

FILING FEE: \$25.00