

# L15000212647

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

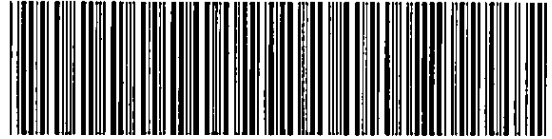
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500406283365

FILED  
2023 APR 19 PM 12:13  
CLERK OF STATE  
TALLAHASSEE, FL

REQUESTED  
2023 APR 19 PM 12:58  
A. ADAMS

# ***Sunshine State Corporate Compliance Company***

*3458 Lakeshore Drive Tallahassee, Florida 32312*

*(850) 656-4724*

DATE 04/19/2023

***\*\*WALK IN\*\****

ENTITY NAME CASE NICKEL, LLC

DOCUMENT NUMBER \_\_\_\_\_

***\*\*PLEASE FILE THE ATTACHED AND RETURN\*\****

XXXXXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

***\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\****

*Certified Copy of Arts & Amendments*

*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

*Certificate of Status*

*Certificate of Status Reflecting: \_\_\_\_\_*

***\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\****

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 25.00

ACCOUNT # 120160000072

*Am: C DVI*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Case Nickel, 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:

Alexandra L. Deas  
\_\_\_\_\_  
(Name of Person)  
  
Alexandra L. Deas, P.A.  
\_\_\_\_\_  
(Firm/Company)  
  
2215 River Boulevard  
\_\_\_\_\_  
(Address)  
  
Jacksonville, FL 32204  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Alexandra L. Deas                      904                      387-9292  
\_\_\_\_\_  
(Name of Person)                      at (                      )                      (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

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

**FILED**

2023 APR 19 PM 12:13

CLERK OF STATE  
TALLAHASSEE, FL

1. The name of a limited liability company is  
Case Nickel, LLC

2. The Articles of Organization were filed on 12/29/2015 and assigned  
document number L15000212647

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 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).  
Voluntary dissolution approved by both members and managers.

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

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:

Judith A. Jacobson  
Signature

Judith A. Jacobson, as manager and member  
Printed Name

**FILING FEE: \$25.00**