

L16000001830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

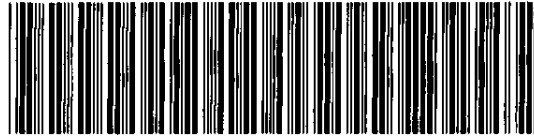
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000293632720

12/28/16--01012--008 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 DEC 28 A 9:07

FILED

RECEIVED
DEPARTMENT OF STATE
16 DEC 28 AM 11:16

S Warren

DEC 29 2016

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CHLASPE, LLC

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by: BA

12/28/16

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

**ARTICLES OF DISSOLUTION OF
CHLASPE, LLC
A FLORIDA LIMITED LIABILITY COMPANY.**

Pursuant to Section 605.0707, Florida Statutes, this Florida limited liability company submits the following articles of dissolution:

First: The name of the limited liability company as currently filed with the Florida Department of State:

Chlaspe, LLC

Second: The document number of the limited liability company is:

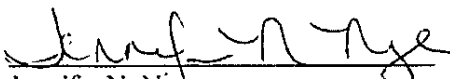
L16000001830

Third: The date dissolution was authorized: December 31, 2016
Effective date of dissolution: December 31, 2016

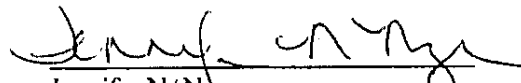
Fourth: These Articles of Dissolution and the dissolution of the limited liability company were approved by the requisite number of members to approve such action as provided in Section 605.0701(2).

Fifth: A Notice of Dissolution is attached to these articles of dissolution.

Manager


Jennifer N. Nye

Member(s)


Jennifer N. Nye

2016 DEC 28 A 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

NOTICE OF LIMITED LIABILITY COMPANY DISSOLUTION
CHLASPE, LLC

This notice is submitted by the dissolved Florida limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in Section 605.0712, Florida Statutes.

First: The name and document number of the dissolved limited liability company as it was filed with the Florida Department of State is:

Chlaspe, LLC
L16000001830

Second: The date of dissolution is that date set forth in those certain articles of dissolution filed with the Florida Department of State or, if none, the date of such filing.

Third: Any claim filed must include the following information:

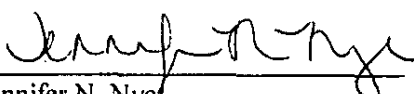
- A. The name of claimant, date of claim, and name of officer, manager or authorized member of the dissolved limited liability company who authorized such claim; and
- B. Any notice to the dissolved limited liability company of the claim previously communicated or delivered to the limited liability company (before or after its dissolution).

Fourth: Any claim shall be mailed to:

Attn: Chlaspe, LLC - Creditor Claim
c/o Jennifer N. Nye
1620 W. Sandpointe Place
Vero Beach, FL 32963

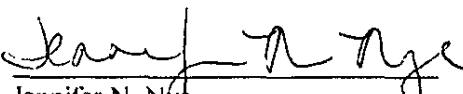
Fifth: Except for known claimants receiving notice pursuant to Section 605.0711, any other claims against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Manager



Jennifer N. Nye

Member(s)



Jennifer N. Nye

FILED
2016 DEC 28 A 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA