

LI6000071371

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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FILED
2018 APR 12 PM 3:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APR 13 2018
J. HARRIS

COVER LETTER

TO: , Registration Section
Division of Corporations

SUBJECT: CLYDE & ASSOCIATES 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:

JOHN C. MADARA

(Name of Person)

CLYDE & ASSOCIATES LLC

(Firm/Company)

10382 SPALDING STREET

(Address)

BROOKSVILLE, FLORIDA 34614

(City/State and Zip Code)

For further information concerning this matter, please call:

John C. Madara

(Name of Person)

at (352) 515-4140

(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

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

1. The name of a limited liability company is
CLYDE & ASSOCIATES LLC

2. The Articles of Organization were filed on 7 April 2016, effective 15 April 2016 and assigned
document number L16000071371

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).

Just did not have the time to get it started, so decided to shut it down.

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

John C. Madara

10382 Spalding Street

Brooksville, Florida. 34614

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:

John C. Madara
Signature

JOHN C. MADARA

Printed Name

FILING FEE: \$25.00

FILED
2016 APR 12 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA