

16000092141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

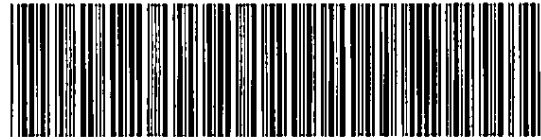
(Document Number)

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SECRETARY OF STATE
COMMONWEALTH OF MASSACHUSETTS

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Dissolution

MAR 15 2023

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kelley Eckert Dm PLLC
(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:

Kelley Eckert
(Name of Person)
Kelley Eckert Dm PLLC
(Firm/Company)
2575 John Anderson Dr.
(Address)
Ormond Beach, FL 32176
(City/State and Zip Code)

For further information concerning this matter, please call:

Kelley Eckert at (386) 451 4904
(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 Address:

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 1, 2023

KELLEY ECKERT
KELLEY ECKERT, DVM, PLLC
2575 JOHN ANDERSON DR
ORMOND BEACH, FL 32176

SUBJECT: KELLEY ECKERT, DVM, PLLC
Ref. Number: L16000092141

We have received your document for KELLEY ECKERT, DVM, PLLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

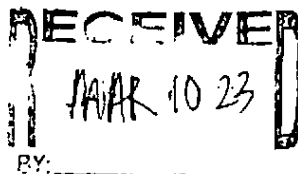
The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 023A00004839



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

1. The name of a limited liability company is

Kelley Eckert Dvm PLLC

2. The Articles of Organization were filed on 3/17/23 ^{5/16/2016} and assigned

document number L16000092171

3. The delayed effective date the dissolution if not effective on the date of filing: 3/31/23
(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 no longer needed

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

Kelley Eckert
2575 John Anderson Dr.
Ormond Beach, FL 32176

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:

Kelley Eckert
Signature

Kelley Eckert
Printed Name

FILING FEE: \$25.00

FILED

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