

L16000 098 335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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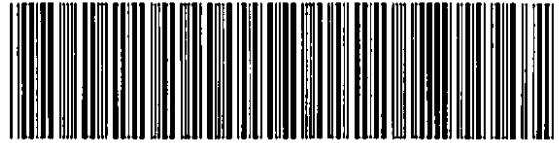
(Business Entity Name)

(Document Number)

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**Stroup &
Martin, P.A.**

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October 22, 2019

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Dissolution of Carvel Yacht Services, LLC
Document Number: L16000098335

Dear Madam or Sir:

We enclose the following documents required by your office for the dissolution of Carvel Yacht Services, LLC:

1. Articles of Dissolution (\$25.00)
2. Statement of Termination (\$25.00)
3. Statement of Resignation of Registered Agent for a Limited Liability Company (\$25.00)
4. Cancellation of Fictitious Name Registration - Carvel Marine (\$50.00)

Also enclosed is our check in the amount of \$125.00 representing the fees associated with the filing of each document listed above. Please send the Certificate of Dissolution to our office.

Thank you for your attention to this matter. Please contact us if you have any questions.

Sincerely,

James W. Stroup

JWS:dp
Enclosures

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

1. The name of a limited liability company is

CARVEL YACHT SERVICES, LLC

2. The Articles of Organization were filed on May 19, 2016 and assigned

document number L16000098335

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).

Agreement to termination

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

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

Russell Allen
Printed Name

FILING FEE: \$25.00

2019 OCT 23 AM 11:02
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CLERK OF THE COURT
HALL COUNTY FLORIDA