

L16 000 145 729

(Requestor's Name)

(Address)

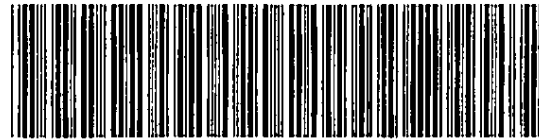
(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL



700383250917

03/15/22--01019--026 \*\*25.00

Hello.

Certif

We have dissolved our 2  
companies as of 12-31-2021.

Spe

Mikkelson LLC P16000071510  
Mikkelson Mgmt L16000145729

Please call if you have any questions.  
772-708-9246-Kate

Office Use Only

2022 MAR 15 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

3/28/2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mikkelson LLC  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Katherine Mikkelson  
(Name of Person)

Mikkelson LLC  
(Firm/Company)

5023 SW Winchester Dr  
(Address)

Stuart, FL 34997  
(City/State and Zip Code)

For further information concerning this matter, please call:

Katherine Mikkelson at ( 772 ) 708-9246  
(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

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

2022 MAR 15 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FL

1. The name of a limited liability company is

Mikkelsen LLC

2. The Articles of Organization were filed on 08/04/2016 and assigned

document number LLC 000145729

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2021  
(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).

Not being used anymore

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:

Kate Mikkelsen  
Signature

Kate Mikkelsen  
Printed Name

FILING FEE: \$25.00