# 46000161369

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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### **COVER LETTER**

Division of Corporations	•					
SUBJECT: Dread Chuc (Name of L	k Enterprises, LLC					
(Traine of E	mined Mathry Company)					
The enclosed Articles of Dissolution and fee(s) are sub	omitted for filing.					
Please return all correspondence concerning this matte	r to the following:					
Nathan K	1. Jones					
Mathan A. Jones (Name of Person)						
Dread Chuck	Enterprises, LLC					
(	Firm/Company)					
2316 Dawley	Ave. (Address)					
Orlando, FL 32806 (City/State and Zip Code)						
For further information concerning this matter, please co	all:					
Nathan Jones	at (407) 285-6729  (Area Code & Daytime Telephone Number)					
(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:	Street Address:					
Registration Section Registration Section Division of Corporations Division of Corporations						
P.O. Box 6327 Division of Corporations The Centre of Tallahassee						
Tallahassec, FL 32314 2415 N. Monroe Street, Suite 810						

Tallahassee, FL 32303

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liab	lity company is
Drec	d Chuck Enterprises, LLC
2. The Articles of Organization	on were filed on $\frac{8/29/2016}{}$ and assigned
document number <u>L10</u>	000161369
Note: If the date inserted in	the dissolution if not effective on the date of filing: 1/1/2070 edate cannot be prior to or more than 90 days later than date document is received for filing) this block does not meet the applicable statutory filing requirements, this date will not be extive date on the Department of State's records.
4. A description of occurrence 605.0707, Florida Statutes,	that resulted in the limited liability company's dissolution pursuant to section copy 605.0707 on back cover letter).
Stegnant bu	siness growth and lack of profit mough
	orts worthwhile.
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	ω
	er the name and address of the person appointed to wind up the company &
activities and affairs:	Nation A. Jones &
	2316 Daviley Ave.
	Orlando, fl 32806
6. Signature of an authorized pabove to wind up the company	erson or if there are no members, the signature of the person appointed and listed sactivities and affairs:
AAT S	Nathan A. Jones
Signardire C	Printed Name

FILING FEE: \$25.00

### Notice of Limited Liability Company Dissolution

#### NOTE: This page is optional

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

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company:	Drugel	Chuck	Enterprises, LLC		
Document number of Limited Liability Co	ompany is:	L16000	161369		
Date of dissolution was:	020	<del></del>			
Description of information that must be in	cluded in a w	ritten claim:			
1-amount					
2- reason for claim					
3- original product purcha	se with	n part no	o. or modelno.		
4- origin of purchase (location/website)					
<u></u>					
Mailing address where claims can be sent:	(Claims can	not be sent to tl	ne Division of Corporations)		
Northern Jones	·				
2316 Dawley Ave.					
Orlando FL 3	2806	<del>-</del>			
·			<del> </del>		

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

A claim 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.