

L16000200817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

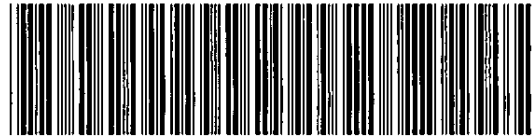
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/20/17--01001--016 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 APR 20 PM 2:19

RECEIVED
2017 APR 20 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
APR 20 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Donald McCloud SR 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:

Donald McCloud SR
(Name of Person)

(Firm/Company)

73 Parker
(Address)

Monticello Florida 32344
(City/State and Zip Code)

For further information concerning this matter, please call:

Donald McCloud SR at (850) 228-8223
(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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 APR 20 PM 2:18

1. The name of a limited liability company is

Donald McCloud SR LLC

2. The Articles of Organization were filed on 11-4-2016 and assigned

document number L116000200817

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).

No longer intrested in pursuing this
type of work never got started

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

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:

Donald McCloud SR
Signature

Donald McCloud SR
Printed Name

FILING FEE: \$25.00