

L170000008807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

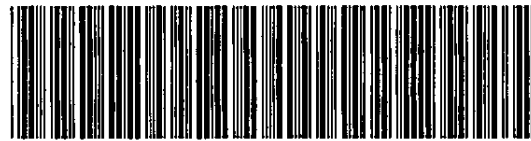
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS

MAR 26 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shuckin' Shells, 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:

Shellie Cleary
(Name of Person)
Shuckin' Shells
(Firm/Company)
548 N. Thorpe Ave
(Address)
Orange City FL 32763
(City/State and Zip Code)

For further information concerning this matter, please call:

Shellie Cleary at cell 321 229-4181
(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

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SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 9, 2018

SHELLIE CLEARY
548 N THORPE AVE
ORNAGE CITY, FL 32763

SUBJECT: SHUCKIN' SHELLS, LLC
Ref. Number: L17000008807

We have received your document for SHUCKIN' SHELLS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 418A00004863

RECEIVED
2018 MAR 22 AM 11:06
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

Shuckin' Shells, LLC

2. The Articles of Organization were filed on 1/11/17 and assigned

document number L17000008807

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).

Daughters husbands cancer returned
and we have no time to care for the
business

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:

Shellie Cleary

Signature

Shellie Cleary

Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA