

L17000012829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

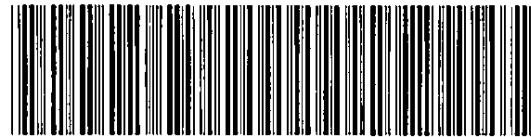
Special Instructions to Filing Officer:

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2017 JUL -5 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only



000301022220

07/06/17-01004---015 **25.00

FILED
2017 JUL -5 PM 4:37
CLERK OF THE COURT
TALLAHASSEE, FLORIDA

K. SALY
JUL - 7 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Frog's Trove, 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

Jeremiah N. Perry
(Name of Person)

(Firm/Company)

311 Hickory Street
(Address)

Linden, MI 48451
(City/State and Zip Code)

For further information concerning this matter, please call:

Jeremiah N. Perry at 386 801-0433
(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
2017 JUL -5 PM 4:37
CLERK OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Frog's Trove, LLC

2. The Articles of Organization were filed on January 17, 2017 and assigned

document number L17000012829

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)

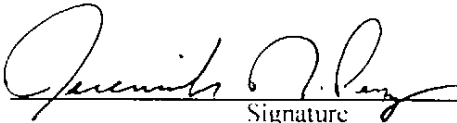
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

The above mentioned company and it's sole
member, Jeremiah N. Perry, have moved out of
Florida and wish to conduct business in another
state.

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

Jeremiah N. Perry
Printed Name

FILING FEE: \$25.00