

L17000072363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2019 JAN 14 A 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/17/19 DS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLEARCUT ADVISORS 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:

STEVEN J. BOWSER
(Name of Person)

CLEARCUT ADVISORS LLC
(Firm/Company)

5131 PARK PLACE
(Address)

WIND POINT, WISCONSIN 53402
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA
STATE FILING OFFICE

For further information concerning this matter, please call:

STEVE BOWSER at (847) 826-1370
(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**

1. The name of a limited liability company is

CLEARCUT ADVISORS LLC

2. The Articles of Organization were filed on MARCH 30, 2017 and assigned

document number L170000072363

3. The delayed effective date the dissolution if not effective on the date of filing: JANUARY 18, 2019
(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 HAVE SALES FOR OUR SERVICES
HAVE STOPPED SEEKING NEW 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:

STEVEN J. BOWSHER
5131 PARK PLACE
WINDPOINT, WI 53402

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

STEVEN J. BOWSHER
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: CLEARCUT ADVISORS LLC

Document number of Limited Liability Company is: L17000072363

Date of dissolution was: 1-18-19

Description of information that must be included in a written claim:

ALL NAMES/ADDRESSES OF CLAIMANTS
ALL DOCUMENTS ASSOCIATED WITH CLAIM THAT INCLUDES
CLEARCUT ADVISORS NAME AND DATES OF EACH DOCUMENT
EXPLANATION OF CLAIM AGAINST CLEARCUT ADVISORS LLC

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

STEVEN BOWSHER
5131 PARK PLACE
WINDYPOINT, WI 53402

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.

STEVEN J. BOWSHER

Printed Name of the Person Filing

Steven J. Bowsher

Signature of the Person Filing