

L17 000084284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

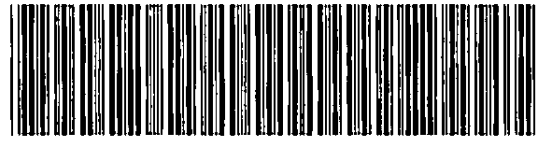
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

O SIMMONS
JUL 27 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DEEZ NUTS ENTERPRISES LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

R. Neil Johnson
(Contact Person)

Johnson & Johnson Attorneys
(Firm/Company)

150 S. Palmetto Ave., Ste. 103
(Address)

Daytona Beach, FL 32114
(City/State and Zip Code)

For further information concerning this matter, please call:

Neil Johnson at (386) 252-3694
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

DEEZ NUTS ENTERPRISES, LLC.

2. The Articles of Organization were filed on APRIL 14, 2017 and assigned

document number L1700084254

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 CONSENT OF ALL MANAGING
MEMBERS TO DISSOLVE THE COMPANY.

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

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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:

William H. Bittorf
Signature

WILLIAM H. BITTORF
Printed Name

FILING FEE: \$25.00