

L170000 EG27E

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

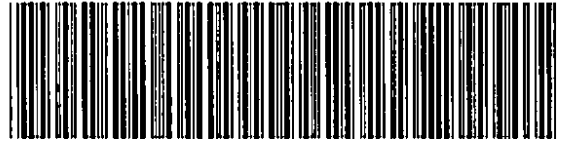
(Document Number)

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2019 MAR 29 PM 1:34  
CLERK OF STATE  
TALLAHASSEE FLORIDA

D. BRUCE  
APR 08 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **BLACK PISTOL COMPANY, 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:

**JOSEPH M GULLI, JR**

(Name of Person)

(Firm/Company)

**1131 CLOYDS CHURCH ROAD**

(Address)

**GREENBACK, TN 37742**

(City/State and Zip Code)

For further information concerning this matter, please call:

**JOSEPH M GULLI, JR**

(Name of Person)

561-909-9242

at ( )

(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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TALLAHASSEE FL 32301  
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**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

BLACK PISTOL COMPANY, LLC

2. The Articles of Organization were filed on 050117 and assigned

document number L17000086278

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/18  
(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.

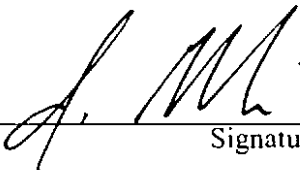
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

CEASED BUSINESS OPERATIONS

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

JOSEPH M GULLI, JR

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

JOSEPH M. GULLI, JR

Printed Name

**FILING FEE: \$25.00**

2018 JUN 29 PM 1:34  
TALCAHASSSEE FLORIDA  
DEPARTMENT OF STATE

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## 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: BLACK PISTOL COMPANY, LLC

Document number of Limited Liability Company is: L17000086278

Date of dissolution was: 12/31/18

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

INVOICE(S), CONTRACTS OR OTHER EVIDENCE OF INDEBTEDNESS

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

1131 CLOYDS CHURCH ROAD  
GREENBACK, TN 37742

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TREASURY  
FLORIDA

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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.

JOSEPH M. GULLI, JR

Printed Name of the Person Filing



Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**