

(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:

Office Use Only



000335541140

10/17/19==01007==009 (\*\*25.00

2019 OCT 17 PM 3: 32 SECRETARY OF STATE

Y SULKER NOV 0 5 2019

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Pooches and Partners, LC (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:		
WANetta L. Dyer (Name of Person)		
Pocches and fartners LCC (Firm/Company)		
24478 EVALINE STO (Address)		
Brooksville F) 3460) (City/State and Zip Code)		
For further information concerning this matter, please call:    Waruta Dyer   at (321) 480 - 4216     (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  STREET/COURIER ADDRESS: Registration Section		
Division of Corporations Division of Corporations		

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is
	Pooches and Partners, LLC
2.	The Articles of Organization were filed on $\frac{6/7/2017}{}$ and assigned
	document number <u>L17000125135</u>
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).
	Lack of sales (Income)
5,	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs: WANETTA L. DYER
	24478 EVALINE STO SE
	Brooksville, Fl 34601 To
	PATE 1
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:
<u> </u>	WANETTA L. Dyer Signature Printed Name
	- · · · · · · · · · · · · · · · · · · ·

FILING FEE: \$25.00