

L17000128846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

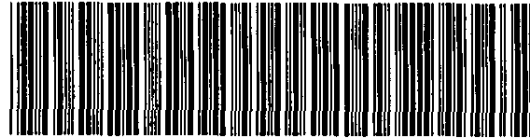
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED

18 FEB 26 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

FEB 27 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ARNESS, 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:

Stewart Mosher

(Name of Person)

ARNESS, LLC

(Firm/Company)

201 OREGON LN

(Address)

BOCA RATON FL 33487-1401

(City/State and Zip Code)

For further information concerning this matter, please call:

Stewart Mosher 

(Name of Person)

at ( 910 ) 386-8903

(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**  
**18 FEB 26 AM 9:14**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

1. The name of a limited liability company is  
ARNESS, LLC

2. The Articles of Organization were filed on 06/13/2017 and assigned  
document number L17000128846

3. The delayed effective date the dissolution if not effective on the date of filing: 2-21-2018  
(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).

SERIOUS MEDICAL ISSUE. BUSINESS NEVER CONDUCTED.

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

201 OREGON LANE

BOCA RATON, FL 33487

561 998 1919 or 910 386 8903

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

Stewart Mosher

Printed Name

**FILING FEE: \$25.00**