

L17000 139842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

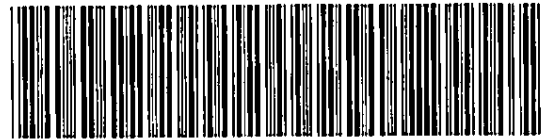
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FEB 12 2020
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FULLHOUSE HOSPITALITY, 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:

GEORGE ODOM JR.

(Name of Person)

DIXON & ODOM, ATTORNEYS AT LAW

(Firm/Company)

303 SW 6th Street

(Address)

Fl. Lauderdale, Florida 33315

(City/State and Zip Code)

For further information concerning this matter, please call:

MARIANNE MAGAPAN

(Name of Person)

at (757) 818-4426
(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
FULLHOUSE HOSPITALITY, LLC
2. The Articles of Organization were filed on FULLHOUSE HOSPITALITY, LLC and assigned
document number 1.17000139842
3. The delayed effective date the dissolution if not effective on the date of filing: 1/10/20
(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 the members and The passage of 90 consecutive days during which the
company has no members.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: MARIANNE MAGAPAN
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

MARIANNE MAGAPAN
Printed Name

FILING FEE: \$25.00

2020 JAN 14 AM
DEPARTMENT OF STATE
DIVISION OF CORPORATE
REGISTRATION
TALLAHASSEE, FLORIDA

FILED