

617 000 146 731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

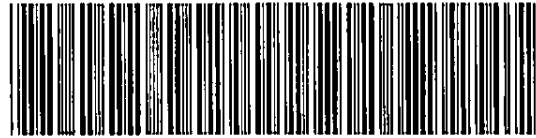
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/25/17--01015--002 **25.00

FILED
2017 OCT 25 AM 10:30
CLERK OF SUPERIOR COURT
CLERK OF SUPERIOR COURT

K. SALY
NOV - 1 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Anchors Aweigh Boat Repair Services
(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:

Cheryl Wade
(Name of Person)

Anchors Aweigh Boat Repair Services
(Firm/Company)

PO Box 1914
(Address)

St. Augustine FL 32085
(City/State and Zip Code)

For further information concerning this matter, please call:

Cheryl Wade at (347) 291 5210
(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
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
2017 OCT 25 AM 10:30
CLERK OF DISTRICT COURT
JANUARY 1, 2018

1. The name of a limited liability company is

Anchors Aweigh Boat Repair Services

2. The Articles of Organization were filed on July 10, 2017 and assigned

document number L17000146731

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).

Irreconcilable Differences.

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

Cheryl Wade

PO Box 1914

51 Augustine Fl 32085

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:

Cheryl Wade
Signature

Cheryl Wade
Printed Name

FILING FEE: \$25.00