

L17000 B1794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

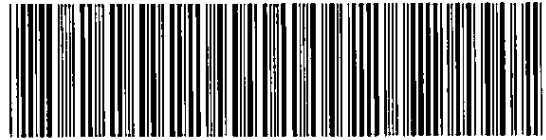
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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MAR 20 2023

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DIRECTOR'S OFFICE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Remedy Chainsaw Technologies, 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:

Barbara J. Palmer
(Name of Person)

Remedy Chainsaw Technologies, LLC
(Firm/Company)

1229 S. Magnolia St.
(Address)

Tall, FL 32301
(City, State and Zip Code)

For further information concerning this matter, please call:

Ryland Musick at (850) 933-9689
(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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

023 MAR 20 PM 2:49

1. The name of a limited liability company is

Remedy Chainsaw Technologies, LLC

2. The Articles of Organization were filed on 7/14/2017 and assigned

document number L17000151794

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).

no business

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

Barbara G. Palmer

1229 S. Magnolia Ave.

Tall, FL 32301

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:

Barbara G. Palmer
Signature

Barbara Palmer
Printed Name

FILING FEE: \$25.00