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2024 FEB 20 PM 1:52
Filing Office
13

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Michael Everett 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:

Deborah Higgins

(Name of Person)

Michael Everett LLC

(Firm/Company)

205 Lagoon Road

(Address)

Winter Haven, FL 33884

(City/State and Zip Code)

2021 FEB 20 PM 1:52
RECEIVED
FEB 20 2021
TALLAHASSEE, FL

For further information concerning this matter, please call:

Deborah Higgins

863

325-0343

at ()

(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 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

Michael-Everett LLC

Odin Michael, LLC

2. The Articles of Organization were filed on 8-16-2017 and assigned

document number L17000175636

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).

Registered name but never used for anything

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

205 Lagoon Rd

Winter Haven, FL

33884

2017 SEP 20 PM 1:52

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:

Deborah Higgins
Signature

Deborah Higgins

Printed Name

FILING FEE: \$25.00