

L17000 175969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

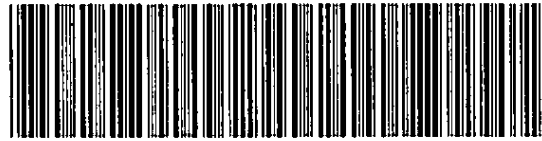
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/22/21--01019-- 020 **25.00

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MAY 22 2021 PH 2:44
TALLAHASSEE, FL

MAY 20 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shaka Scuba Diving, 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:

Lacy D Croft

(Name of Person)

(Firm/Company)

5194 Harbinger Road

(Address)

Spring Hill, FL 34608

(City/State and Zip Code)

For further information concerning this matter, please call:

Lacy D Croft III

(Name of Person)

352 701-9345

at (_____) _____
(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
Shaka Scuba Diving, LLC

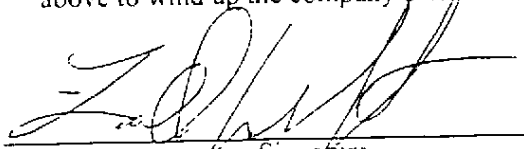
2. The Articles of Organization were filed on 08/17/2017 and assigned
document number L17000175969

3. The delayed effective date the dissolution if not effective on the date of filing: 03/24/2021
(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).
Closed 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:
Lacy Croft
5194 Harbinger Rd
Spring Hill, FL 34608

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MAR 24 2021
PM 2:44

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
Lacy David Croft

Printed Name

FILING FEE: \$25.00