

L17000184222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

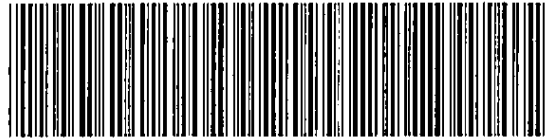
Certificates of Status _____

Special Instructions to Filing Officer:

J DENNIS

FEB 26 2024

Office Use Only



100422175871

01/23/24--01012--028 **25.00

FILED
2024 JAN 23 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations
Arts District MFG

SUBJECT: _____
(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:

Brian Zuckerman

(Name of Person)

Arts District MFG

(Firm/Company)

7405 Sherman Hoyt Avenue

(Address)

Twentynine Palms, CA 92277

(City/State and Zip Code)

For further information concerning this matter, please call:

Brian Zuckerman

760

699-1258

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**

FILED
2024 JAN 23 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Arts District MFG LLC

2. The Articles of Organization were filed on 08/29/17 and assigned

document number 1.1 7000184222.

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).


Economic conditions have led to insurmountable operating losses. Business can not be run profitably. AS per

operating agreement

2. Consent of all 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:

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

Brian Zuckerman

Printed Name

FILING FEE: \$25.00