

L17000 2175 54

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

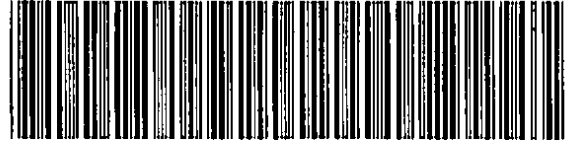
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600327054556

04/01/19--01026--020 **25.00

APPROVED
AND
FILED

2019 APR - 1 PM 6:07

SECRETARY OF STATE
TALLAHASSEE, FL 32301

T.G.
04/02/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPIVEYSTRONG, LLC
(Name of Limited Liability Company)
L17000217554

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RICHARD WILLIAM SPIVEY
(Name of Person)

SPIVEYSTRONG LLC
(Firm/Company)

3406 DRAGONS RIDGE RD
PO BOX 27634
(Address)

PANAMA CITY, FLORIDA 32411-7634
(City/State and Zip Code)

For further information concerning this matter, please call:

RICHARD W. SPIVEY at (850) 708-4155
(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

2019 APR 1 PM 6:07
RECORDS SECTION
FILED
APPROVED
AND
FILED

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

SPIVEY STRONG, LLC

2. The Articles of Organization were filed on 10-20-17 and assigned

document number L17000217554

3. The delayed effective date the dissolution if not effective on the date of filing: N/A
(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 LONGER IN BUSINESS - RETIRED

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

RICHARD WILLIAM SPIVEY

P O BOX 27634

3406 DRAGONS RIDGE RD

PANAMA CITY, FL 32411-7634

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:

Richard William Spivey
Signature

RICHARD WILLIAM SPIVEY
Printed Name

3/28/19

FILING FEE: \$25.00

APPROVED
AND
FILED

2019 APR -1 PM 6:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA