L17000231896

(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

000317420590

08/27/18--01013--027 **25.00

FILED
2018 AUG 27 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FL

UCS
8-29-18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lucky Duckling 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:

Anthony Bailey
(Name of Person)

Lucky Duckling LLC
(Firm/Company)

11 NE 58th Ave
(Address)

Ocala, FL 34470
(City, State and Zip Code)

For further information concerning this matter, please call:

Anthony Bailey (Name of Person) at (515) 775-9592 (Area Code & Daytime Telephone Number)

I have enclosed a check for the following amount:

☐ $35.00 Filing Fee and Certificate of Dissolution

☐ $43.75 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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
Lucky Duckling LLC

2. The Articles of Organization were filed on 11/09/2017 and assigned

document number L17000231896

3. The delayed effective date the dissolution if not effective on the date of filing: 6/14/2018
(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).

Never amended

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

Anthony Bailey

11 NE 58th Ave

Ocala, FL 34470

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:

Anthony Bailey
Signature

Anthony Bailey
Printed Name

FILING FEE: $25.00

FILED
2018 AUG 27 AM 10: 12
SECRETARY OF STATE
TALLAHASSEE, FL