

W 800000 10672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

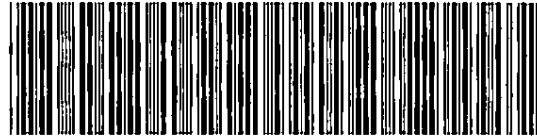
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Handwritten signature]

Office Use Only



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06/07/21--01028--013 **35.00

2021 JUN -7 AM 11:19

ja

August 18, 2021

Division of Corporations
Attn: Jearld H Quick
PO Box 6327
Tallahassee, FL 32314

Dear Jearld,

I received your letter, dated July 9, indicating I sent in the incorrect form for dissolution of my late husband's company. I am enclosing the correct form. I am not enclosing the fee, as I spoke to a representative in your organization this morning and she told me that since I had already sent it in with the original application that only the correct form is needed at this time. She also told me to send this form to your attention.

My last name is spelled Hodgens, with an N, for your records. Not sure if that was a typographical error or if that is how you have it in your records. Can you please just double check and make sure that is correct. Spelling it without the N is a common error.

Thank you so much for your assistance with this matter. I can be reached at 561-351-0626 or annhodgens@yahoo.com, if you require anything further of me and would like to reach me faster.

Thanks so much,


Andrea Hodgens

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Net Growth Media, 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:

Andrea Hodgens
(Name of Person)

Net Growth Media, LLC
(Firm/Company)

7087 Taylorwood Dr.
(Address)

Lake Worth, FL 33467
(City/State and Zip Code)

For further information concerning this matter, please call:

Andrea Hodgens at (561) 351-0626
(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

Net Growth Media, LLC

2. The Articles of Organization were filed on _____ and assigned

document number 1180000/0672

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).

My husband, who ran this company, passed
away in January 2021. This company
is no longer doing business. (My husband
was Kyle Hodgens)

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

7087 Taylorwood Dr.
Lake Worth, FL 33467

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:

Andrea L. Hodgens
Signature

Andrea Hodgens
Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: _____

Document number of Limited Liability Company is: _____

Date of dissolution was: _____

Description of information that must be included in a written claim:

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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00