

L18 0000 48270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

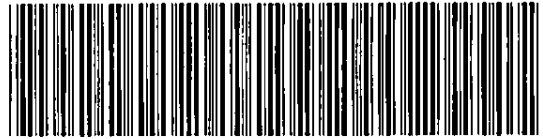
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02/23/24--01004--020 **55.00

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2024 FEB 23 PM 1:44
TALLAHASSEE, FL

Handwritten signature or initials

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eaglefork 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:

Norma Roach
(Name of Person)
Eaglefork LLC
(Firm/Company)
611 San Lanta Circle
(Address)
Sanford Florida 32771
(City/State and Zip Code)

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For further information concerning this matter, please call:

Norma Roach at 914 573 6388
(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

Eaglefork LLC

2. The Articles of Organization were filed on 02-22-2018 and assigned

document number 82-4516307

3. The delayed effective date the dissolution if not effective on the date of filing: 2-12-2024
(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).

Catherine Lord and I (Norma Roach) hoped to
generate business but nothing transpired
for all of 2023 and 2024 resulting
in the decision to dissolve this 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:

Catherine Lord

Norma Roach

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CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

FILED

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:

Norma Roach
Signature

NORMA ROACH
Printed Name

FILING FEE: \$25.00