

L18 0000 83989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2020F 10 PM 12:55

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Perrys Thrift Market of Zephyrhills 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:

Patricia Perry
(Name of Person)

Perrys Thrift Market of Zephyrhills LLC
(Firm/Company) ~~old 4008~~

New Address 8/19 → 3703 Parr Rd
(Address)

Albany GA 31705
(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Perry at (813) 395 3205
(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

2020 FEB 10 PM 12:55

Perry's Thrift Market of Zephyrhills LLC
4008 Gall Blvd Zephyrhills FL 33542

2. The Articles of Organization were filed on 4-6-2018 and assigned

document number L18000083989

3. The delayed effective date the dissolution if not effective on the date of filing: July 15, 2019
(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).

Owners health Issues

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

Patricia Perry 3703 Parr Rd Albany GA 31705

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:

Patricia Perry
Signature

Patricia Perry
Printed Name

FILING FEE: \$25.00