122542 N8000+58557

| • | | | |
|---|--|--|--|
| (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



300366892943

06/02/21--01020--017 **50.00

2021 JUN -2 AM 6: 20

COVER LETTER

| то: | Registration Section Division of Corporations | • | | | |
|--|---|---|--|--|--|
| SUBJ | United Tribe LLC | | | | |
| (Name of Limited Liability Company) | | | | | |
| | closed Articles of Dissolution and fee(s) are submreturn all correspondence concerning this matter to | _ | | | |
| | Ronald C Poole | | | | |
| | (Name of Person) | | | | |
| | United Tribe LLC | | | | |
| | (Firm/Company) | | | | |
| | 8424 Rockridge Court | | | | |
| | | (Address) | | | |
| | Jacksonville/Florida 32244 | | | | |
| (City/State and Zip Code) | | | | | |
| For further information concerning this matter, please call: | | | | | |
| | Chris Poole | 904 624-8445 | | | |
| | (Name of Person) | at () (Area Code & Daytime Telephone Number) | | | |
| Enclose | d 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 | Street Address: Registration Section | | | |
| Division of Corporations | | Division of Corporations | | | |
| P.O. Box 6327 | | The Centre of Tallahassee | | | |
| | Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | |

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| The name of a limited liability company is United Tribe LLC | |
|---|--|
| Omed Tibe LLC | · · · · · · · · · · · · · · · · · · · |
| 2. The Articles of Organization were filed on | 05/16/2018 and assigned |
| document number L18000158557 | |
| 3. The delayed effective date the dissolution (effective date cannot be properties). If the date inserted in this block does not listed as the document's effective date on the | ior to or more than 90 days later than date document is received for filing) of meet the applicable statutory filing requirements, this date will not be |
| 4. A description of occurrence that resulted in 605.0707, Florida Statutes, (copy 605.0707 | the limited liability company's dissolution pursuant to section on back cover letter). |
| The company has failed | |
| The company has failed The company has failed | |
| | |
| 5. If there are no members, enter the name an | d address of the person appointed to wind up the companys |
| activities and affairs: | <u> </u> |
| | ₩ × × × × × × × × × × × × × × × × × × × |
| | |
| | 6: 20 ()(()) |
| 6. Signature of an authorized person or if the above to wind up the company's activities and | re are no members, the signature of the person appointed and list affairs: |
| mail C. Pare | Ronald C Poole |
| Signature | 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:United Tribe LLC | |
|--|--|
| Document number of Limited Liability Company is: | 1159557 |
| Date of dissolution was: | |
| Description of information that must be included in a writte | en claim: |
| Who to contact | |
| Nature of the claim | |
| | |
| | |
| | |
| Mailing address where claims can be sent: (Claims cannot l | pe sent to the Division of Corporations) |
| 8424 Rockridge Court | |
| Jacksonville Florida 32244 | |
| | |
| | |
| | · · · · · · · · · · · · · · · · · · · |
| A claim against the above named limited liability company claim is commenced within 4 years after the filing of this n | will be barred unless a proceeding to enforce the otice. |
| | |
| Ronald C Poole | honold () out |
| 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