

L18 0000 136527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

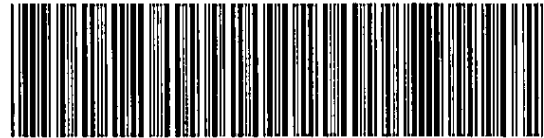
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 MAR -4 PM 12:07
OFFICE OF THE CLERK
STATE OF MISSISSIPPI

APR 26 2021

R. HUNT

COVER LETTER

TO: Registration Section
Division of Corporations

Bombdiggidy Construction Enterprise, LLC

SUBJECT: _____
(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:

Audrey Ganey Green

(Name of Person)

Construction

(Firm/Company)

21330 CR 455

(Address)

Clermont, Florida 34715

(City/State and Zip Code)

For further information concerning this matter, please call:

Audrey Ganey Green

334

796-9929

at (_____) _____

(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
Bombdiggy Construction Enterprise, LLC
2. The Articles of Organization were filed on June 01, 2018 and assigned
document number 1.180000136527
3. The delayed effective date the dissolution if not effective on the date of filing: February 24, 2021
(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).
Sick Husband, Covid and No Work.
Sick Husband, Covid and No Work.
Sick Husband, Covid and No Work.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:
Audrey Ganey Green
21330 County Road 455
Clermont, Florida 34715
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:

Audrey Ganey Green
Signature

Audrey Ganey Green
Printed Name

FILING FEE: \$25.00

2021 MAR -4 PM 12:07