L18000191753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

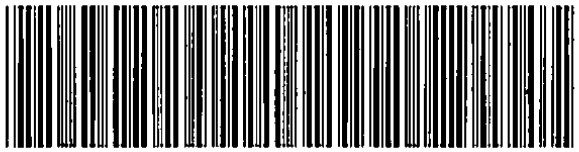
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300331967983

07/25/19--01012--009 **25.00

2019 JUL 25 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FL

JUL 31 2019

C Kinsey

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: McNickle Enterprises 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:

Steven McNickle
(Name of Person)

Magnolia Day Spa
(Firm/Company)

304 Kingsley Lake Dr 602B
(Address)

St. Augustine FL 32092
(City/State and Zip Code)

For further information concerning this matter, please call:

Kim McNickle at (904) 294-1222
(Name of Person) (Area Code & Daytime Telephone Number)
Steven McNickle 904 315.9294

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
McNickle Enterprises LLC.

2. The Articles of Organization were filed on July 30, 2018 and assigned

document number L18000181753

3. The delayed effective date the dissolution if not effective on the date of filing: July 31st, 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).
Due to bad location and limited space, we were unable to generate the necessary income to operate the business. Resulting in the need to close the 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:
Steven McNickle
149 Longwood St.
St. Johns Fl 32259
904 315 9294

FILED
2019 JUL 25 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FL

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:

Steven McNickle
Signature

Steven McNickle
Printed Name

FILING FEE: $25.00