

# L18000232120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

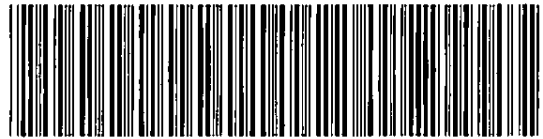
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Best Gift Idea Ever of Johns Pass 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:

Wade L Farmer  
(Name of Person)

(Firm/Company)

12810 Poinsettia Ave.  
(Address)

Seminole, Florida 33776  
(City/State and Zip/Code)

For further information concerning this matter, please call:

Wade L Farmer  
(Name of Person)

at 608, 988-6705  
(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

SECRETARY OF STATE  
TALLAHASSEE, FL 32303

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**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

BEST Gift Idea Ever of Johns Pass LLC

2. The Articles of Organization were filed on OCT 08, 2018 and assigned

Signed Sept 26, 2018

document number L18000232120

3. The delayed effective date the dissolution if not effective on the date of filing: 10/2/24  
(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).

closed down, went out of 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:

DEPARTMENT OF STATE  
HALL OF ASSEMBLY  
TALLAHASSEE, FLORIDA 32399-0001

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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:

Wade L Farmer  
Signature

Wade L Farmer  
Printed Name

**FILING FEE: \$25.00**