

L18 000 24 0272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

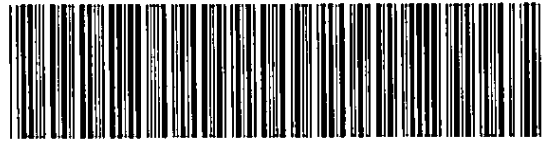
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

*Claudia J. Young
1414 Brook Ave.
Titusville, FL 32780*

*671
NO \$*

Office Use Only



400326859724

04/26/19--01014--023 **25.00

FILED
19 MAY -9 AM 7:46
TALLAHASSEE, FLORIDA

MAY 10 2019

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 26, 2019

CLAUDINE CONGER
SHADOW II, LLC
1414 BROOK DRIVE
TITUSVILLE, FL 32480

SUBJECT: SHADOW II, LLC
Ref. Number: L18000240272

We have received your document for SHADOW II, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Upon receipt of your letter and/or check(s) totaling \$25.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 419A00007616

RECEIVED
2019 MAY -9 AM 11:36
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHADOW II, 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:

CLAUDINE CONGER
(Name of Person)

(Firm/Company)

1414 BROOK DR
(Address)

TITUSVILLE FL 32780
(City/State and Zip Code)

For further information concerning this matter, please call:

CLAUDINE CONGER at 321-267-3958
(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/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

SHADOW 11, LLC

2. The Articles of Organization were filed on 10/29/2018 and assigned

document number L18000240272

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).

THE RESTAURANT WE WERE
WORKING WITH CLOSED MARCH 31, 2019

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

1414 BROOK DR

TITUSVILLE, FL 32780

19 MAY -9 AM 7:46
FILED
TALLAHASSEE, FLORIDA

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:

Claudine Conger
Signature

CLAUDINE CONGER
Printed Name

FILING FEE: \$25.00

2019 APR - 11 PM 1:24

NOTICE OF REVOCATION OF
SHADOW II, LLC

EFFECTIVE immediately, the SHADOW II, LLC a registered
business in the State of Florida is now null and void.

Participants wish to dissolve the LLC. As previously
stated, the business is now terminated and all authority
connected thereto. This revocation includes the name
SHADOW II, LLC and the address: 1414 Brook Drive, Titusville, FL
32780-4314.

Reference: EIN No. L18000240272

Dated: This 5th day of April, 2019.

Claudine Conger
CLAUDINE CONGER
Address: 1414 Brook Dr
TITUSVILLE, FL 32780

Charles M. Bergren Jr
CHARLES M. BERGREN
Address: 1414 Brook Drive
TITUSVILLE, FL 32780

STATE OF FLORIDA :
COUNTY OF BREVARD :

BEFORE ME on this 5th day of APRIL, 2019, appeared Charles Bergren Jr
and Claudine Conger, and they acknowledged they read the foregoing
document and signed in my presence.

Seal



DEEANNE WILLIAMS
MY COMMISSION # GG 085340
EXPIRES: April 27, 2021
Bonded Thru Budget Notary Services

Deeanne Williams
NOTARY PUBLIC
STATE OF FLORIDA AT LARGE