

MAY 13 2023

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Stroke of Luck 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:

Scott L Noakes

(Name of Person)

Stroke of Luck LLC

(Firm/Company)

932 Carbon St

(Address)

Walnutport, PA 18088

(City/State and Zip Code)

For further information concerning this matter, please call:

Scott L Noakes

904

910-1048

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

Stroke of Luck LLC

2. The Articles of Organization were filed on 10/18/2018 and assigned

document number L-18000245073 (EIN:35-2644241)

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).

Owner, Scott L. Noakes, had heart surgery on 2/14/23 (aortic dissection) and will no longer be able to perform

this type of 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:

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:



Signature

Scott Noakes

Printed Name

**FILING FEE: \$25.00**

2023 MAR -9 PM 12:08  
FILED