

LR000253503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

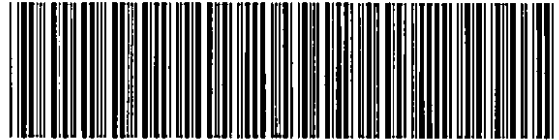
Certificates of Status _____

Special Instructions to Filing Officer:

J DENNIS

SEP 22 2023

Office Use Only



400416138414

FILED

2023 SEP 21 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2023 SEP 21 PM 2:52

Director of Corporations
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HAMMERSTONE GOODS, 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:

LISETTE SMYTH

(Name of Person)

SMYTH LEGAL, LLC

(Firm/Company)

6230 HIGHLANDS COURT

(Address)

PONTE VEDRA BEACH, FL 32082

(City/State and Zip Code)

For further information concerning this matter, please call:

LISETTE SMYTH

305

323-9290

(Name of Person)

at ()

(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

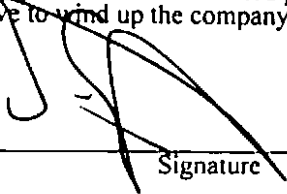
ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
2023 SEP 21 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
HAMMERSTONE GOODS, LLC
2. The Articles of Organization were filed on 6/22/20 and assigned
document number L18000253503
3. The delayed effective date the dissolution if not effective on the date of filing: 09/21/23
(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).
COMPANY CEASED DOING 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: _____

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

JONATHAN SMYTH

Printed Name

FILING FEE: \$25.00