

L190000 10203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

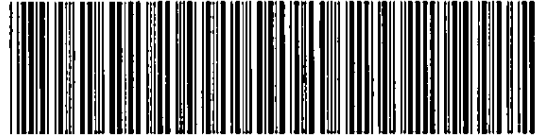
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800338949678

01/17/20--01:05--010 **25.00

FILED
2020 JAN 17 PM 5:23
SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS

FEB 12 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JUDITH LOUISE HOGLUND 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:

JUDITH LOUISE HOGLUND

(Name of Person)

(Firm/Company)

11293 SE 170TH LANE

(Address)

SUMMERFIELD, FLORIDA 34491

(City/State and Zip Code)

For further information concerning this matter, please call:

JUDITH LOUISE HOGLUND

(Name of Person)

706

593-2193

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**

1. The name of a limited liability company is

JUDITH LOUISE HOGLUND LLC

2. The Articles of Organization were filed on JANUARY 8, 2019 and assigned

document number L19000010203

3. The delayed effective date the dissolution if not effective on the date of filing: JAN 31, 2020
(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).

operations discontinued

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

FILED
2020 JAN 17 PM 5:23
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:


Signature

JUDITH LOUISE HOGLUND

Printed Name

FILING FEE: \$25.00