L19000037606

(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phone #	r)
PICK-UP	MAIT	MAIL
(0	Cast None	,
(Busin	ess Entity Name)
(Docui	ment Number)	
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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	Midkiff Strange, LLC			
		ited Liability Company)		
	nclosed Articles of Dissolution and fee(s) are submi	•		
	Brandon Lehrmann			
	(Name of Person)			
	Lehrmann, LLC			
	(Fi	rm/Company)		
	1500 W. Henderson St.			
		(Address)		
	Cleburne, TX 76033	Cleburne, TX 76033		
	(City/St	ate and Zip Code)		
For fur	ther information concerning this matter, please cal	l:		
	Brandon Lehrmann	817 760-0645 at ()		
	(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclose	ed is a check for the following amount:			
į	□ \$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

	e name of a limited liability company is dkiff Strange, LLC	·	
. The	e Articles of Organization were filed on 02/07/2019	and assigned	
docı	ument number <u>L19000037606</u>		
No	e 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 do te: If the date inserted in this block does not meet the applicable statutory filing re- ted as the document's effective date on the Department of State's records.	ocument is received for filing) quirements, this date will not be	
. A de	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 505.0707, Florida Statutes, (copy 605.0707 on back cover letter).		
Goin	ng out of business		
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		: 	
		,	
		<u>;</u>	
	here are no members, enter the name and address of the person appointed to	wind up the company's	
acti	vities and affairs:	<u> </u>	
ó. Sigr ibove t	nature of an authorized person or if there are no members, the signature of t to wind up the company's activities and affairs:	he person appointed and liste	
Jou	Carolyn Strange Signature Carolyn Strange Printed ?		
	Signature Printed 1	Name	

FILING FEE: \$25.00

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	Midkiff Strange, LLC				
3000	(Name of Limite	ed Liability Company)			
The en	closed Articles of Dissolution and fee(s) are submitted	ted for filing.			
Please	return all correspondence concerning this matter to	the following:			
	Brandon Lehrmann				
	(Nan	ne of Person)			
	Lehrmann, LLC				
	(Fin	n/Company)			
	1500 W. Henderson St.				
	(Address)			
	Cleburne, TX 76033				
	(City/Sta	ite and Zip Code)			
For fu	rther information concerning this matter, please call:				
	Brandon Lehrmann	817 760-0645 at ()			
	(Name of Person)	at () (Area Code & Daytime Telephone Number)			
Enclose	ed is a check for the following amount:				
İ	☐ \$25.00 Filing Fee and Certificate of Dissolution ☐ \$555.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)				
	Mailing Address:	Street Address:			
Registration Section		Registration Section			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

١.	The name of a limited liability company is Midkiff Strange, LLC	
<u>}</u> .	2. The Articles of Organization were filed on $\frac{02/07/2019}{}$	and assigned
	document number L19000037606	
•	The delayed effective date the dissolution if not effective (effective date cannot be prior to or more that Note: If the date inserted in this block does not meet the applicated as the document's effective date on the Department of S	n 90 days later than date document is received for filing) icable statutory filing requirements, this date will not be
	. A description of occurrence that resulted in the limited lia 605.0707, Florida Statutes, (copy 605.0707 on back cover	ability company's dissolution pursuant to section letter).
	Going out of business	<u> </u>
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; .	5. If there are no members, enter the name and address of the activities and affairs:	ne person appointed to wind up the company's
ó. ib	5. Signature of an authorized person or if there are no members to wind up the company's activities and affairs:	bers, the signature of the person appointed and liste
_	Joudyn Strange Ca	rolyn Strange
	Signature	Printed Name

FILING FEE: \$25.00