

L19 0000 42295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

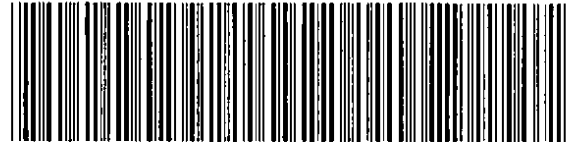
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600410940326

06/23/23--01010--010 \*\*25.00

FILED

2023 JUN 23 PM 4:38

SECRETARY OF STATE  
TALLAHASSEE, FL

*[Handwritten signature]*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

Dissolution of Emerald Coast Alliance for Breastfeeding Support

**SUBJECT:** \_\_\_\_\_  
L19000042295

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ronda Yoder

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Firm/Company)

1245 Langley Ave.

\_\_\_\_\_  
(Address)

Pensacola, FL 32504

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ronda Yoder

850

255-8058

\_\_\_\_\_  
(Name of Contact Person) at (\_\_\_\_\_) \_\_\_\_\_  
(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy  
(Additional copy is enclosed)

☐ \$60 Filing Fee,  
Certificate of Status & 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  
Emerald Coast Alliance for Breastfeeding Support, LLC

2. The Articles of Organization were filed on February 6, 2019 and assigned  
document number L19000042295

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).

Our alliance membership and volunteer base was significantly hindered by COVID-19, and we were

unable to restart when the pandemic was mitigated. On September 20, 2022, we met and voted to dissolve the

alliance as soon as property could be sold or eliminated. We have reached that point and now wish to dissolve the

alliance.

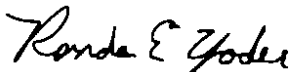
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs:

Ronda Yoder

1245 Langley Ave.

Pensacola, FL 32504

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

Ronda E. Yoder

Printed Name

**FILING FEE: \$25.00**

2023 JUN 23 PM 4:38  
SECRETARY OF STATE  
TALLAHASSEE, FL

**FILED**

## Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "*Notice of Limited Liability Company Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: \_\_\_\_\_

L19000042295

Document number of Limited Liability Company is: \_\_\_\_\_

9/20/2022

Date of dissolution was: \_\_\_\_\_

Description of information that must be included in a written claim:

Name of injured party, Date, Description of what occurred, Contact information: email, street address, and phone number.

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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Ronda Yoder

1245 Langley Ave.

Pensacola, FL 32504

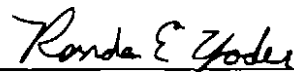
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A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Ronda E. Yoder

Printed Name of the Person Filing



Signature of the Person Filing