

L19000138262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

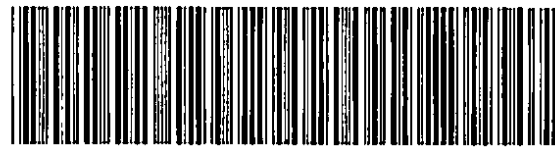
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUL 16 2020

07/23/20--01025--021 **25.00

RECEIVED
20 JUL 16 PM 1:12
SECRETARY OF STATE

Dissolution

SEP 11 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clary's Coffee and Bakery, 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:

Edie Ethridge

(Name of Person)

Clary's Coffee and Bakery, LLC

(Firm/Company)

10659 NW State Road 20

(Address)

Bristol, FL 32321

(City/State and Zip Code)

For further information concerning this matter, please call:

Edie Ethridge

(Name of Person)

850

832-8060

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

2014 FEB 15 PM 11:13
FILED
CLERY'S COFFEE & BAKERY, LLC

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
Clary's Coffee and Bakery, LLC

2. The Articles of Organization were filed on _____ and assigned
document number L19000138262

3. The delayed effective date the dissolution if not effective on the date of filing: 10/01/19
(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).

We were never able to get the business opened due to financial difficulties. We never opened for business and hav

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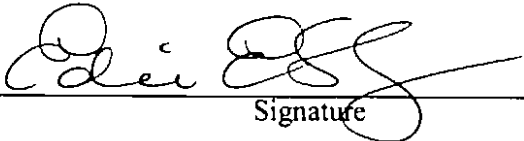
We were never able to get the business opened due to financial difficulties. We never opened for business and hav

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

10876 NW Green Trace Lane

Bristol, FL 32321

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

Edie Ethridge
Printed Name

FILING FEE: \$25.00