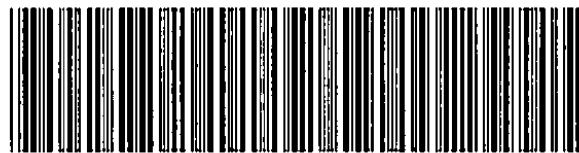


L19 000202636



200336623452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

es _____ Certificates of Status _____

Instructions to Filing Officer:

Hand say that
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does "Notice". Just the
file #115-20

Office Use Only

11/12/13--01012--017 **25.00

2020 JAN -3 AM 10:59

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

01/15/20
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 16, 2019

AXLIN ROLLAND
POTTERVILLE LANE
LM COAST, FL 32164

SUBJECT: 2 GIRLS & A BUCKET "LLC"
File Number: L19000202636

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

THE ARTICLES OF DISSOLUTION SHOULD CONTAIN THE DATE THE ARTICLES OF ORGANIZATION WERE FILED. THIS DATE IS 08/08/2019. PLEASE CORRECT YOUR DOCUMENT ACCORDINGLY. THE NOTICE OF DISSOLUTION MUST CONTAIN A DESCRIPTION OF INFORMATION THAT MUST BE INCLUDED IN A WRITTEN CLAIM. WE ALSO NEED THE MAILING ADDRESS WHERE CLAIMS CAN BE SENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Marlene Connell
Regulatory Specialist II Supervisor

Letter Number: 619A00025495

2020 JAN -3 AM 8:31

COVER LETTER

Registration Section
Division of Corporations

ECT: **2GIRLS & A BUCKET**

(Name of Limited Liability Company)

Enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MAXLIN ROLLAND

(Name of Person)

2 GIRLS & A BUCKET

(Firm/Company)

13 Potterville Ln

(Address)

Palm Coast FL 32164

(City/State and Zip Code)

For further information concerning this matter, please call:

Maxlin Rolland

(Name of Person)

386 334-8637

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

The name of a limited liability company is

2 Girls 8 A Bucket LLC

The Articles of Organization were filed on 8-8-2019 and assigned

Document number L19000202636

The delayed effective date the dissolution if not effective on the date of filing: 11/08/2019

(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 used as the document's effective date on the Department of State's records.

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).

Medical Reason

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DIVISION OF CORPORATIONS
2020 JAN - 3 AM 10:59

If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: maxlin Rolland 13 Pottersville In palm coast fl 32164

Signature of an authorized person or if there are no members, the signature of the person appointed and above to wind up the company's activities and affairs:

Maxlin Rolland
Signature

Maxlin Rolland

Printed Name

FILING FEE: \$25.00