

219 000 253 579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

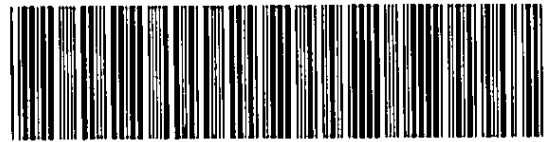
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300365013173

04/29/21--01017--007 \*\*25.00

FILED  
2021 APR 29 PM 9:48  
SUPREMACY OF STATE  
TALLAHASSEE, FLORIDA

TG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pride Custom Carpentry 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:

Rachel S. Besaw  
(Name of Person)

Pride Custom Carpentry LLC  
(Firm/Company)

2346 Roselawn Circle  
(Address)

Sarasota FL 34231  
(City/State and Zip Code)

For further information concerning this matter, please call:

Rachel S. Besaw at ( 434 ) 509-7080  
(Name of Person) (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

Pride Custom Carpentry LLC

2. The Articles of Organization were filed on 11/13/19 and assigned

L19000253519

document number ~~XXXXXXXXXX~~ FEIN 843450583

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).

No longer needed

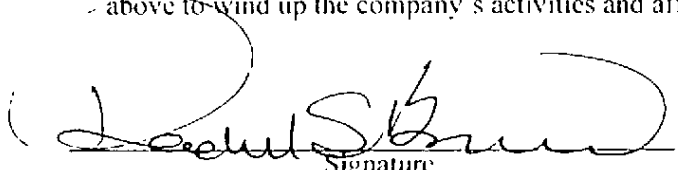
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Rachel S Besaw

2346 Roselawn Cr

Sarasota FL 34231

FILED  
2021 APR 28 PM 9:48  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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

Rachel Besaw  
Printed Name

**FILING FEE: \$25.00**