L19000273029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

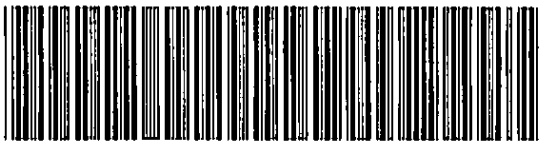
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Susan Newman gave permission to correct document.
6/9/20
DC

Office Use Only



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2020 MAY 20 PM 5:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CC
6/9/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Oats and Clover
(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:

Susan Newman
(Name of Person)

Oats and Clover
(Firm/Company)

1702 27th Ave
(Address)

Vero Beach, FL. 32960
(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Newman at (772) 559-5929
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

X $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

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TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is Oats and Clover LLC

2. The Articles of Organization were filed on 10-31-2019 and assigned document number L19000273029

3. The delayed effective date the dissolution if not effective on the date of filing: 5-1-2020
(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).

Insufficient sales/revenue to continue operation

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

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:

Susan Newman
Signature

Susan Newman
Printed Name

FILING FEE: $25.00