

L19000294386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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02/04/21--01013--020 **25.00

SECRETARY OF STATE
TALLAHASSEE, FL

2021 FEB -4 PM 2:52

FILED

3/23/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMOKIN' GOOD BARBEQUE AND CATERING, 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:

Marshi Hadley

(Name of Person)

(Firm/Company)

6464 W Constitution Lane

(Address)

Homosassa, FL 34448

(City/State and Zip Code)

For further information concerning this matter, please call:

Marshi Hadley

(Name of Person)

352

at (_____) _____

765-4648

(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

FILED

2021 FEB -4 PH 2: 52

SECRETARY OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is
Smokin' Good Barbeque and Catering, LLC

2. The Articles of Organization were filed on 12/02/2019 and assigned

document number L19000294386

3. The delayed effective date the dissolution if not effective on the date of filing: 1-01-2021
(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).

Closed Business

Closed Business

Closed Business

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

6464 W Constitution Lane

Homsosassa, FL 34448

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:

Marshi Hadley
Signature

Marshi Hadley

Printed Name

FILING FEE: \$25.00