LZ0000 147863

(Requestor's Name)
(Address)
(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



900383258679

03/11/22--01014--025 **25.00



O SIMMONS MAR 18 2022

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: C&J Adventures	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:		
Julie Sta	wick	
(Name o	f Person)	
(Firm/Company)		
1621 - 11th		
1801 5. 66 th	J-RPCT	
(Address)		
Ft Smith HR	72903	
(City/State a	and Zip Code)	
For further information concerning this matter, please call:		
Julie Stanick (Name of Person)	al (479) 459-0093	
(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 &	
A server a mag at a man a server as a man as a man a server as a man a server as a server	Certified Copy (additional copy is enclosed)	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is CUT Adventures LLC 2072 HAR 11 MM 1: 35
2.	The Articles of Organization were filed on $6-5-30$ and assigned
	document number <u>L 20000 14 7 8 6.3</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: 3-8-22 (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).
	Sold all interests in Florida.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Tulie 5+ANICK
	1801 5 664 5t
	F+5mix AR 72903
6. ah	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
- at	ove to wind up the company's activities and arrains.
_	Alif Stanick Julie Stanick Printed Name
/	FILING FEE: \$25.00