

K20 000 178 029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

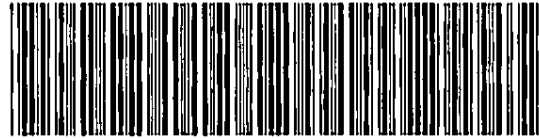
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/24/21--01016--019 **25.00

FILED
2021 MAY 24 AM 9:31
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Covered 6ix 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:

David Calzadilla

(Name of Person)

Covered 6ix LLC

(Firm/Company)

25106 SW 7th Ln

(Address)

Newberry, FL 32669

(City/State and Zip Code)

For further information concerning this matter, please call:

David Calzadilla 305 200-6679

(Name of Person) 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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Covered 6ix LLC

2. The Articles of Organization were filed on June 25 2020 and assigned

document number L20000178029

3. The delayed effective date the dissolution if not effective on the date of filing: 4/31/2021
(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).

Lack of business sales that resulted in little to no revenue

Lack of business sales that resulted in little to no revenue

Lack of business sales that resulted in little to no revenue

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

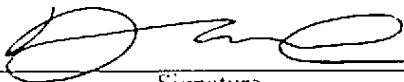
activities and affairs:

David Calzadilla

25106 Sw 7th Ln

Newberry FL, 32669

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

David Calzadilla

Printed Name

FILING FEE: \$25.00

2021 MAY 24 AM 9:31
STATE OF FLORIDA
TALLAHASSEE

FILED