## L20 000 Z45 743

| (Rec                                    | questor's Name)  |           |  |  |
|---|------------------|-----------|--|--|
| (Add                                    | iress)           |           |  |  |
| (Add                                    | iress)           |           |  |  |
| (City/State/Zip/Phone #)                |                  |           |  |  |
| PICK-UP                                 | ☐ WAIT           | MAIL      |  |  |
| (Bus                                    | iness Entity Nan | ne)       |  |  |
| (Document Number)                       |                  |           |  |  |
| Certified Copies                        | Certificates     | of Status |  |  |
| Special Instructions to Filing Officer: |                  |           |  |  |
|   |                  |           |  |  |
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## **COVER LETTER**

 $\boldsymbol{v} = (\boldsymbol{v}_{\boldsymbol{u}}, \boldsymbol{v}_{\boldsymbol{u}}, \boldsymbol{v}_{\boldsymbol{u}}) \in \boldsymbol{v}_{\boldsymbol{u}}$ 

Registration Section

TO:

| Division of Corporations                                       |   |  |  |  |
|--|---|--|--|--|
| SUBJECT: HUNTNATION LLC (Name of Limited Liability Company)    |   |  |  |  |
| in the constitution  | Submity Company)  |  |  |  |
|  |   |  |  |  |
| The enclosed Articles of Dissolution and fee(s) are submitted  | for filing.   |  |  |  |
| Please return all correspondence concerning this matter to the | e following:  |  |  |  |
| •  | •   |  |  |  |
|  |   |  |  |  |
| Thomas W. Hunt   |   |  |  |  |
| (, , , , , , , , , , , , , , , , , , ,                         |   |  |  |  |
|  |   |  |  |  |
| (Firm/Company)   |   |  |  |  |
| Po Rax 335   | -   |  |  |  |
| $PoB_{o} \times 335$ (Address)                                 |   |  |  |  |
| New Smynra (City/State)  | Beach FL 32176 and Zip Code)  |  |  |  |
| For further information concerning this matter, please call:   |   |  |  |  |
| Thomas W. Hut  | 518 \ 219 \ 5908  |  |  |  |
| Thomas W. HINT (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:   | Street Address:   |  |  |  |
| Registration Section   | Registration Section  |  |  |  |
| Division of Corporations                                       | Division of Corporations  |  |  |  |
| P.O. Box 6327  | The Centre of Tallahassee   |  |  |  |
| Tallahassee, FL 32314  | 2415 N. Monroe Street, Suite 810  |  |  |  |

Tallahassee, FL 32303

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| i.        | The name of a limited liability company is  |          |
|-----------|---|----------|
|           | Huntoation LLC  |          |
| 2.        | The Articles of Organization were filed on August 12, 2020 and assigned   |          |
|           | document number <u>L 20000 245743</u>   |          |
| 3.        | The delayed effective date the dissolution if not effective on the date of filing: 12)31 24  (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 no listed as the document's effective date on the Department of State's records. | t he     |
| 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).  | n        |
|           | The LLC NO longer owns BOAT, sold in Nov.   | 18, 2024 |
|           | There is no longer any assets in LLC  |          |
|           | <b>2024 D</b><br>多至於  |          |
| 5.        | If there are no members, enter the name and address of the person appointed to wind up the company?   | 77       |
|           | activities and affairs: Thomas W. Hunt MBR 3  | П        |
|           | Po Box 335  | Ö        |
|           | New Smyrna Beach, FL 32770  |          |
| 6.<br>abo | Signature of an authorized person or if there are no members, the signature of the person appointed and li ove to wind up the company's activities and affairs:   | sted     |
| 1         | 1 LILT Thomas W. Hunt   |          |
|           | Signature Printed Name  |          |

FILING FEE: \$25.00