

L20000 341 053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

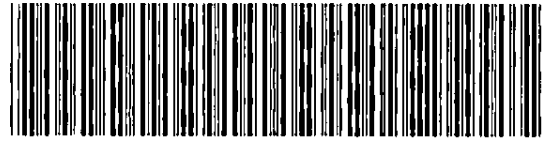
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Incondata, 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:

Jabe Luttrell

(Name of Person)

Incondata, LLC

(Firm/Company)

25 Evergreen Av

(Address)

Key West, Florida 33040

(City/State and Zip Code)

For further information concerning this matter, please call:

Jabe Luttrell

860

402-2544

at (

(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:**

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**

1. The name of a limited liability company is

Incondata, LLC

2. The Articles of Organization were filed on November 6, 2020 and assigned

document number L20000341053

3. The delayed effective date the dissolution if not effective on the date of filing: June 1, 2024

(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).

The market for the Incondata, LLC product did not materialize. There are insufficient sales to warrant future

operations.

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

25 Evergreen Av

Key West

Florida, 33040

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:

Jabe Luttrell  
Signature

Jabe Luttrell

Printed Name

**FILING FEE: \$25.00**

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Incondata, LLC

Document number of Limited Liability Company is: L20000341053

Date of dissolution was: May 1, 2024

Description of information that must be included in a written claim:

Describe the payment, product or service that is owing.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Jabe Luttrell

25 Evergreen Av

Key West

Florida, 33040

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Jabe Luttrell

Printed Name of the Person Filing

Jabe Luttrell  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**