

L20 0000353225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

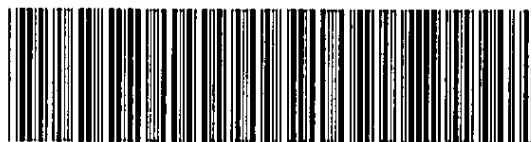
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/13/21--01015--009 **25.00

FILED
2021 MAY 13 PM 4:05
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

Duval Dusters 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:

Acie Dixon III

(Name of Person)

Duval Dusters 1.1.C

(Firm/Company)

10700 Beach Blvd #54493

(Address)

Jacksonville FL 32245

(City/State and Zip Code)

For further information concerning this matter, please call:

Acie Dixon III

904

479-9209

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

Duval Dusters LLC

2. The Articles of Organization were filed on 11/06/2020 and assigned

document number L20000353225

3. The delayed effective date the dissolution if not effective on the date of filing: 01/07/2021

(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).

The company didn't work out for me. I didn't have all the elements needed for success; one day I will.

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

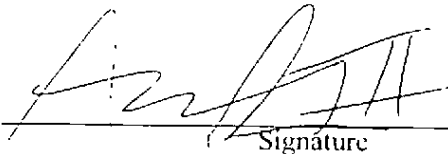
Acie Dixon III

10700 Beach Blvd #54493

Jacksonville, Florida 32245

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TALLAHASSEE, FLORIDA

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

Acie Dixon III

Printed Name

FILING FEE: \$25.00