

L21000069563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

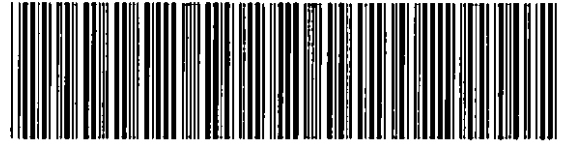
(Document Number)

Certified Copies _____

Certificates of Status _____

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05/21/24 -01000 -P12 4+85.00

TALLAHASSEE, FLORIDA

2024 JUL 22 AM 11:55

FILED

NOVAK LAW GROUP

— ATTORNEY AT LAW —

JEREMY T.M. NOVAK
Member FL & NJ Bar
JOSEPH S. NOVAK, SR.
Member of NJ Bar only & of counsel (FL)

318 6th Street
PORT ST. JOE, FLORIDA 32456
TEL (850) 229-4700
www.NovakLaw.us

July 8, 2024

Sent Via U.S. First Class Mail

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Dissolution of Corporation for Florida LLC
MIDDENS LLC

Dear Corporation Section:

Enclosed please find the revised documentation for the notice of dissolution resignation for the above referenced entity for filing with the Florida Department of State, Division of Corporations.

Kindly return all correspondence, filed papers, information request and/or further inquiries concerning this matter to our office at:

Novak Law Group, PLLC
318 6th Street
Port St. Joe, Florida 32456
(850) 229-4700

Thank you for your anticipated cooperation and assistance in the regard.

Respectfully Submitted,

NOVAK LAW GROUP, PLLC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Middens 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:

Jeremy T.M. Novak
(Name of Person)

Middens LLC
(Firm/Company)

193 North Seminole Drive
(Address)

Pt St. Joe Fl 32456
(City/State and Zip Code)

For further information concerning this matter, please call:

[Signature] at (850) 229-4700
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 20, 2024

NOVAK LAW GROUP, PLLC
402 REID AVENUE
PORT ST. JOE, FL 32456

SUBJECT: MIDDENS LLC
Ref. Number: L21000069563

We have received your document for MIDDENS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 124A00013507

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2024 JUL 22 AM 11:55

TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Middens LLC

2. The Articles of Organization were filed on 2.9.21 and assigned

document number L210000069563

3. The delayed effective date the dissolution if not effective on the date of filing: 4.13.24
(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 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).

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

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

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: Middens, LLC

Document number of Limited Liability Company is: L 21000069563

Date of dissolution was: _____


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

FILED
2024 JUL 22 AM 11:55
TALLAHASSEE, FLORIDA

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

193 North Semnole Drive
P.O. Box 32456

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.



Signature of the Person Filing

Signature of the Person Filing

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

MIDDENS LLC
a Florida Limited Liability Company

We, **SCOTT MORRISON AND RALPH RISH** as Managers of **MIDDENS LLC**, a Florida Limited Liability Company hereby certify that we are the duly elected, qualified and acting Managers of **MIDDENS LLC** a Florida Limited Liability Company ("**Company**"), and that we are authorized to execute and deliver this Certificate, and we do hereby certify as follows:

RESOLUTIONS: The following resolutions have been adopted at a meeting or by the unanimous written consent of the managing members and members of the above Company and where necessary, have been approved by the managers, and said resolution has not been amended or revoked and are now in full force and effect

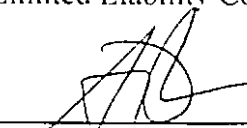
RESOLVED, the undersigned hereby certifies that they are the duly elected managers pursuant to the laws of the state of Florida and that the foregoing is a true record of a resolution adopted at a meeting of the Company and that said meeting was held in accordance with state law and the Bylaws of the above-named Company on the 13th day of February, 2024 at which time it was decided to dissolve the limited liability Company with the Florida Department of State Division of Corporations. Dissolution was approved by the shareholders, in the manner required by this chapter of the articles of incorporation.

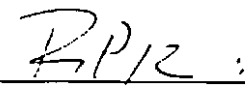
RESOLVED, without limiting the generality of the foregoing resolution, that the Limited Liability Company through the undersigned Managers authorizes the Florida Department of State Division of Corporations to dissolve the company.

RESOLVED that the Managers of the Company be and hereby are authorized and directed to certify the truth and accuracy of this resolution to any party.

IN WITNESS WHEREOF, we have executed our names as the Managers and have hereunto affixed the corporate seal of the above-named Company this 30th, day of April 2024.

MIDDENS, LLC.,
a Florida Limited Liability Company

By: 
SCOTT MORRISON, as Manager

By: 
RALPH RISH, as Manager

STATE OF FLORIDA

COUNTY OF GULF

The foregoing instrument was acknowledged before me by means of (✓) physical presence or () online notarization this 30th day of April 2024 by **SCOTT MORRISON AND RALPH RISH**, as Managers of **MIDDENS LLC.**, a Florida Limited Liability Company and are (✓) personally known to me or () who have produced a valid driver's license as identification.

Ida W. Garrett
NOTARY

PRINTED NAME: Ida W. Garrett
MY COMMISSION EXPIRES:

