

# L21000077598

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

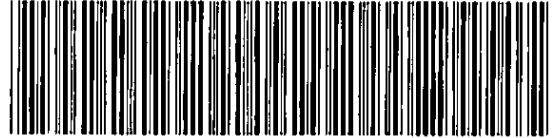
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/08/23--01016--010 ♦♦25.00

FILED  
2023 AUG -8 PM 1:00  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TOUCHDOWN PARTY RENTAL, 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:

LLOYD ADAMS, III  
\_\_\_\_\_

(Name of Person)

TOUCHDOWN PARTY RENTAL, LLC  
\_\_\_\_\_

(Firm/Company)

3101 SW 34TH AVENUE, SUITE 905 BOX 136  
\_\_\_\_\_

(Address)

OCALA, FL 34474  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_ 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**

**FILED**

**2023 AUG -8 PM 1:00**

**DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA**

1. The name of a limited liability company is  
TOUCHDOWN PARTY RENTAL, LLC

2. The Articles of Organization were filed on FEBRUARY 15, 2021 and assigned  
document number L21000077598

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(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).  
BUSINESS IS CEASING TO OPERATE DUE TO THE OWNER'S DECISION TO CLOSE.

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

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

Lloyd Adams III

Printed Name

**FILING FEE: \$25.00**