

L21000082248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700420935787

01/16/24--01020--023 **25.00

2024 JUN 16 PM 3:45

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Outlaw Trapping 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:

Ashley Robinson
(Name of Person)

Outlaw Trapping LLC
(Firm/Company)

6550 SE 123rd Ter
(Address)

Marietta FL 32068
(City/State and Zip Code)

2007 JAN 16 AM 9:45

For further information concerning this matter, please call:

Ashley Robinson at (734) 755-2770
(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

Atlan Trapping LLC

2. The Articles of Organization were filed on Feb 10, 2021 and assigned

document number W21000017341

3. The delayed effective date the dissolution if not effective on the date of filing: 1.5.24
(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).

Closed business

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

Ashley Robinson
6550 SE 123rd Ter
Mirnsen FL 32668

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

Ashley Robinson
Printed Name

FILING FEE: \$25.00