

K21 000 115539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

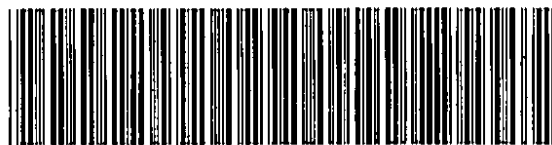
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE

MAR 1 / 2022

Office Use Only



000383283240

02/09/22--01002--007 \*\*25.00

FILED  
2022 MAR -9 AM 9:09  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MANGROVE BAY KAYAK RENTALS 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:

Jamie McDaniels

\_\_\_\_\_  
(Name of Person)

MANGROVE BAY KAYAK RENTALS LLC

\_\_\_\_\_  
(Firm/Company)

4109 17th street N

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

Saint Petersburg Florida, 33714

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMIE MCDANIELS

\_\_\_\_\_  
(Name of Person)

720

9331820

at (\_\_\_\_\_) \_\_\_\_\_

(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  
MANGROVE BAY KAYAK RENTALS LLC

2. The Articles of Organization were filed on 3/10/2021 and assigned  
document number L21000115539

3. The delayed effective date the dissolution if not effective on the date of filing: March 15th, 2022  
(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 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).

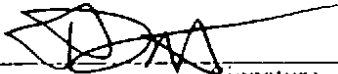
no operations started, changed mind

no operations started, changed mind

no operations started, changed mind

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

3/7/2022

Jamie McDaniels

Printed Name

**FILING FEE: \$25.00**

SECRETARY OF STATE  
FILED

2022 MAR -9 AM 9:09

FILED