

1210002791715

(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:

Q. SILAS
MAR 04 2022

Office Use Only



800382354308

02/28/22---01020---029 \$425.00

02/28/22 01:13:11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Laffrey Enterprises, 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:

John Joseph Laffrey

(Name of Person)

Laffrey Enterprises, LLC

(Firm/Company)

1490 Woodbine Way, Apt 1405

(Address)

Riviera Beach, Florida 33418

(City/State and Zip Code)

For further information concerning this matter, please call:

John Joseph Laffrey

561

339-0490

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**

7-23-23 AM 9:11

1. The name of a limited liability company is

Laffrey Enterprises, LLC

2. The Articles of Organization were filed on June 16, 2021 and assigned

document number 1.21000279795

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).

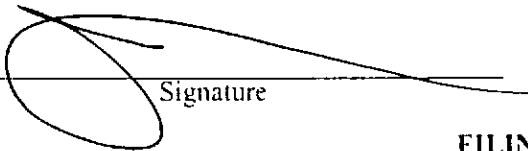
Personal Covid-19 safety concerns regarding Florida's lack of mask and vaccine mandates

Personal Covid-19 safety concerns regarding Florida's lack of mask and vaccine mandates

Personal Covid-19 safety concerns regarding Florida's lack of mask and vaccine mandates

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

John Joseph Laffrey

Printed Name

FILING FEE: \$25.00