

k21 000329782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

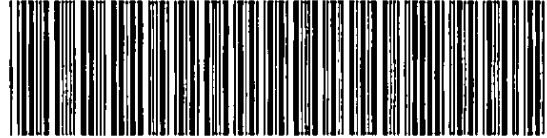
(Document Number)

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

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JUN 16 2022

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04/21/22-- 01007--003 \*\*55.00

SECRETARY OF STATE  
TALLAHASSEE, FL

APR 21 PM 1:20

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bounce til it Drops 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:

William Rivera  
(Name of Person)

BounceTil it Drops Party Rental LLC  
(Firm/Company)

5290 SW 129th Pl  
(Address)

Ocala FL 34473  
(City/State and Zip Code)

For further information concerning this matter, please call:

William Rivera at 352, 653 8552  
(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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

7700 APR 21 PM 1:25  
SECRETARY OF STATE  
TALLAHASSEE, FL

1. The name of a limited liability company is

Bounce It Drop & Take Rental LLC

2. The Articles of Organization were filed on 07/20/2021 and assigned

document number L21000329782

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).

closing company

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

William Rivers  
5290 SW 129th Pl  
Ocala FL

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

William Rivers

Printed Name

FILING FEE: \$25.00