

L2200000918M

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

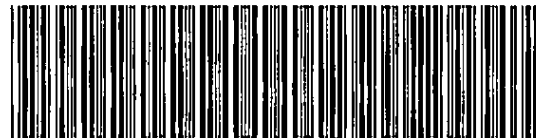
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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MAR 29 2023

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2023 JAN 23 AM 11:53
ST. LOUIS, MO
FALLAHS, SCOTT
D

L22000091814

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Paleo Squirrel and Cave Man Cam 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:

Barbara m. Card
(Name of Person)

(Firm/Company)

5757 manposa Drive
(Address)

Holiday, Fl. 34690
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara m. Card at (319) 230 0269 mobile
(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

2023 JAN 23 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

The Paleo Squirrel and Cave man Cam LLC

2. The Articles of Organization were filed on 02/09/2022 and assigned
document number L220000091814

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2022
(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 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).

My husband and I attempted to open a food business (in a church kitchen)
(DBPR regs not met)
last year but it did not happen. We are no longer
trying to do any type of business at all any longer.

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

Barbara m. Card

5757 maniposa Dr.

Holiday FL 34690

319 230 0269

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:

Barbara m. Card
Signature

Barbara m. Card
Printed Name

FILING FEE: \$25.00