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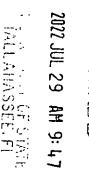
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Centricates	s or Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MIKES JOOL (Name of Limite	REPAIR LLC d Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this matter to t	he following:
JILL (Name	HAGEMAN
	Wasts Road
ORMOND BE	Woods Proad The Address ACH, FL 32174 See and Zip Code Proad The Act of the A
For further information concerning this matter, please call:	·
JILL HAGEMAN (Name of Person)	
Enclosed is a check for the following amount:	
2 \$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	Street Address: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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 MIKE'S TOOL REPAIR ILC		
2.	The Articles of Organization were filed on $3/30/2022$ and assigned		
	document number <u>L22000153856</u>		
	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 without 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).		
	OPERATING THE BUSINESS. NO TRANSACTIONS TOOK PLACE UNDER		
	MIKE'S TOOL REPAIR LLC		
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: TILL HAGEMAN		
	422 PINE WOODS RD		
	ORMOND BEACH, FL 32174		
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:		
	Sill Hageman JUL HAGEMAN		
	Signature Printed Name		

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: $M/KE-S$ Tool REPAIR Document number of Limited Liability Company is: $L2200015385$ Date of dissolution was: $7/23/22$ - BUSINESS HAS NO	RLLC
Document number of Limited Liability Company is: L2200015385	56
Date of dissolution was: 7/23/22 - BUSINESS HAS NO	TRANSACTION
Description of information that must be included in a written claim:	
	2022 J
	1022 JUL 29
	CC TESTER
	SEE. F
	
	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Cor	porations)
JILL HAGEMAN 422 PINE WOODS ROAD ORMOND BEACH, FL 321	
422 PINE WOODS ROAD	_
ORMOND BEACH, FL 321-	74
	_
	_
A claim against the above named limited liability company will be barred unless a proce claim is commenced within 4 years after the filing of this notice.	eding to enforce the
JILLHAGEMAN Sintha	eman)
Printed Name of the Person Filing Signature of the Per	rson Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00