

h22 000153856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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07/29/2022 11:04:00 AM \*25.00

**FILED**  
2022 JUL 29 AM 9:47  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MIKES TOOL REPAIR 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:

JILL HAGEMAN  
(Name of Person)

(Firm/Company)

422 PINE WOODS ROAD  
(Address)

ORMOND BEACH, FL 32174  
(City/State and Zip Code)

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TALLAHASSEE, FL  
2022 JUL 29 AM 9:47

For further information concerning this matter, please call:

JILL HAGEMAN at 386 233-5300  
(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

1. The name of a limited liability company is

MIKE'S TOOL REPAIR LLC

2. The Articles of Organization were filed on 3/30/2022 and assigned

document number L22000153856

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).

DECIDED NOT TO PROCEED WITH

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:

JILL HAGEMAN

422 PINE WOODS RD

ORMOND BEACH, FL 32174

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:

Jill Hageman  
Signature

JILL HAGEMAN  
Printed Name

FILING FEE: \$25.00

FILED  
2022 JUL 29 AM 9:47  
TALLAHASSEE, FL  
CLERK OF SUPERIOR COURT

## 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: MIKE'S TOOL REPAIR LLC

Document number of Limited Liability Company is: L22000153856

Date of dissolution was: 7/23/22 - BUSINESS HAS NO TRANSACTIONS

Description of information that must be included in a written claim:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2022 JUL 29 AM 9:47  
STATE OF FLORIDA  
TALLAHASSEE, FL

FILED

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

JILL HAGEMAN  
422 PINE WOODS ROAD  
ORMOND BEACH, FL 32174

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

JILL HAGEMAN

Printed Name of the Person Filing

Jill Hageman

Signature of the Person Filing

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