

L22000350408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

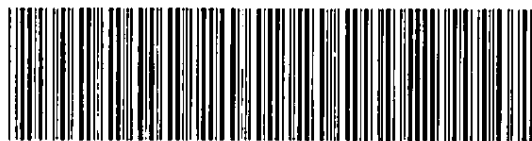
(Document Number)

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Certificates of Status \_\_\_\_\_

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2023 APR 27 PM 3:20

CLERK OF STATE  
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04/27/2023 10:01:44 AM

4/27/23  
V-LH



FLORIDA  
DEPARTMENT OF BANKING AND FINANCE

RECEIVED

2023 APR 27 PM 3:06

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Drop City Seafood LLC  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees are submitted for filing

Please return all correspondence concerning this matter to the following:

Clarence Wiggins  
(Name of Person)

Drop City Seafood  
(Firm/Company)

Perry + Orkalosa St.  
(Address)

Tallahassee, FL 32301  
(City/State and Zip Code)

For further information concerning this matter, please call:

Clarence Wiggins at (850) 556-7241  
(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

Drop City Seafood LLC

2. The Articles of Organization were filed on 08/09/2022 and assigned

document number L22000350408

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).

Made no profit. My expenses were  
more than the profit received

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

Clarence Wiggins  
167 James Hinson Drive  
Midway, FL 32343

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:

Clarence Wiggins  
Signature

Clarence Wiggins  
Printed Name

2023 APR 27 PM 3:21  
CLARENCE WIGGINS  
ALLIANCE STATE, FL

FILED