

L22 000367 096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

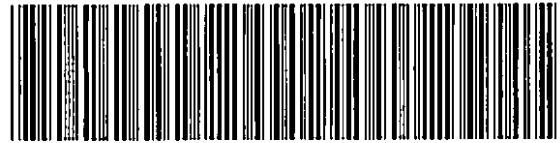
(Business Entity Name)

(Document Number)

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

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2023 APR 25 AM 8:59  
STATE  
CLERK

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LAKE HIGHLANDS GOLF CARTS, 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:

CLIFFORD PRATT

\_\_\_\_\_  
(Name of Person)

LAKE HIGHLANDS GOLF CARTS, LLC.

\_\_\_\_\_  
(Firm/Company)

7250 OAKMONT COURT

\_\_\_\_\_  
(Address)

PONTE VEDRA BEACH, FL 32082

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

CLIFFORD PRATT

\_\_\_\_\_  
(Name of Person)

214

341-0836

at (\_\_\_\_\_) \_\_\_\_\_

(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

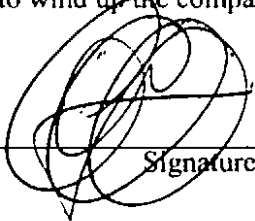
**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
LAKE HIGHLANDS GOLF CARTS, LLC.
2. The Articles of Organization were filed on AUGUST 22, 2022 and assigned  
document number L22000367096
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).  
WE WERE NOT ABLE TO OBTAIN PRODUCT DUE TO SUPPLY CHAIN ISSUES FROM THE  
WHOLESALER WE WERE ORIGINALLY WORKING WITH AND NO OTHER SUPPLIER COULD MEE  
OUR COST REQUIRED TO BE PROFITABLE, SO WE NEVER STARTED OPERATIONS.

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

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

CLIFFORD PRATT

Printed Name

**FILING FEE: \$25.00**

**FILED**  
2023 APR 25 AM 8:59  
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