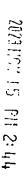


(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Elliky Harrie)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





11/15/23--01009--019 **25.00





COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

ABC Partners, LLC

DOCUMENT NUMBER:

L22000498615

The enclosed Notice of Limited Liability Company Dissolution and fee are subm

DOCUMENT NU	MBER:		
The enclosed Notic	e of Limited Liability (Company Dissolution and	I fee are submitted for filing.
Please return all cor	respondence concerning	this matter to the followi	ng:
Jon M. Philipson			
	(Name of C	Contact Person)	
Thomas & LoCicero Pl	C		
	(Firm	/Company)	
601 South Boulevard			
	(Λα	ldress)	······
Tampa, Florida 33606			
	(City/Stat	e and Zip Code)	
For further information	tion concerning this mat	er, please call:	
Jon M. Philipson		at (⁸¹³) 984-	3069
(Name of	Contact Person)		Daytime Telephone Number)
Enclosed is a check	for the following amour	ıt:	
■\$25 Filing Fee	☐\$30 Filing Fee & Certificate of Status	☐\$55 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$60 Filing Fee, Certificate of Status & Certificate Copy (Additional copy is enclosed)
Mailing Address: Registration Section		Street Address: Registration Section	
Division of Corporations		Division of Corporations	

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

Notice of Limited Liability Company Dissolution

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 Limit	ed Liability Company:	·····	
Document nun	ber of Limited Liability Company is:		
Date of dissolu	tion was:		
Description of	information that must be included in a written claim:		
The nature of th	e claim, the date the claim arose, the amount of the claim,	prior attempts to notify the company	
ofthe claim, incl	uding copies of that correspondence (including times, date	s, and names),	
and receipts and	invoices for the claim.		·
			
		·	2021153/15
			
Mailing addres	s where claims can be sent: (Claims cannot be sent to	the Division of Corporations)	
	Meralex Farm, Inc.		Fil 2:44
	Attn: ABC Partners, LLC		*
	1616 Limona Road		
	Brandon, FL 33510		
	the above named limited liability company will be be thin 4 years after the filing of this notice.	arred unless a proceeding to enfor	ce the claim is
Caroline Moran	Printed Name of the Person Filing	adine foran Signature of the Person Filing	
	timize timic of me terson timik	Signature of the reison rining	

FILED Oct 05, 2023 Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

CAPTAIN JACK BOAT TOURS LLC

The document number of the limited liability company: L19000076125

The file date of the articles of organization: March 18, 2019

The effective date of the dissolution if not effective on the date of filing: October 10, 2023

A description of occurance that resulted in the limited liability company's dissolution:

· ; ·

SOLD COMPAMY

The name and address of the person appointed to wind up the company's activities and affairs:

JOHN LA PLANTE 2727 MATLACHA, FL 33993

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: JOHN LA PLANTE

Electronic Signature of authorized person