

L230000119 85

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

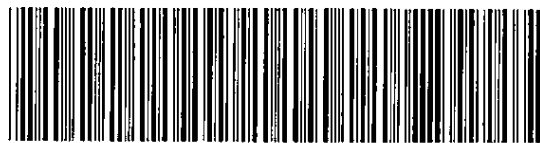
(Business Entity Name)

(Document Number)

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05/06/24--01031--021 \*\*25.00

2024 JUN 6 11:17  
JUN 6 2024

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HIP VALLEY ENTERPRISES 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:

BRAD GOLDRICK (MGR)  
(Name of Person)  
Hip Valley Enterprises  
(Firm/Company)  
12680 STATE RT 669 NE  
(Address)  
CROOKSVILLE OH 43731  
(City/State and Zip Code)

For further information concerning this matter, please call:

BRAD GOLDRICK (MGR) at (352) 816-1969  
(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

HIP VALLEY ENTERPRISES LLL

2. The Articles of Organization were filed on 01/05/2023 and assigned

document number L23000011885

3. The delayed effective date the dissolution if not effective on the date of filing: 01/05/2023  
(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.

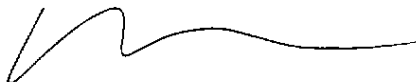
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes. (copy 605.0707 on back cover letter).

We never ended up doing any contracting or  
construction work under this business in  
the state of Florida.

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

BRAD GOLDRICK  
12680 State Rt 669 NE  
Crooksville, OH 43731

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

BRADLEY E GOLDRICK

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: HIP VALLEY Enterprises

Document number of Limited Liability Company is: L23000011885

Date of dissolution was: 01/05/2023

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

I never ended up doing any contracting or construction  
work under this business in the state of Florida.

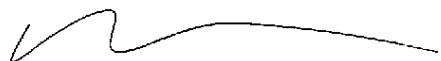
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

BRAD GOLDRICK  
12680 STATE RT 669 NE  
CROOKSVILLE OH 43731

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.

BRADLEY GOLDRICK

Printed Name of the Person Filing



Signature of the Person Filing