

L23000230026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

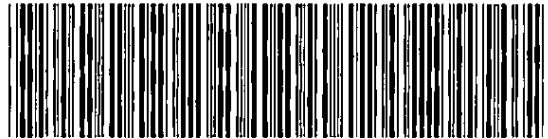
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2023 AUG -4 AM 8:11

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Boatable, 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:

Amy Allspaw  
(Name of Person)  
Boatable, LLC  
(Firm/Company)  
19203 Dove Creek Drive  
(Address)  
Tampa, FL 33647  
(City/State and Zip Code)

For further information concerning this matter, please call:

Amy Allspaw at 765, 414-3630  
(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

Boatable, LLC

2. The Articles of Organization were filed on 5/9/2023 and assigned

document number L23000230026

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).

Liability insurance too costly since  
SB 606 was passed.

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

Amy Allspaw  
19203 Dove Creek Drive  
Tampa, FL 33647

6. Signature of an authorized person or if there are no members, the signature of the person appointed above to wind up the company's activities and affairs:

Amy Allspaw  
Signature

Amy Allspaw  
Printed Name

**FILING FEE: \$25.00**

**FILED**  
**SECRETARY OF STATE**  
**2023 AUG -4 AM 8:11**  
**CLERK OF COURT DIVISION**