L23000317170

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
J. HORNE JAN 12 2024						





200420523302

12/18/23--01025--018 ++25.00



COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	Hartsell & Dubose Enterprises .CT:						
(Name of Limited Liability Company)							
	closed Articles of Dissolution and fee(s) are submitted return all correspondence concerning this matter to the	_					
	Melisa Hartsell						
	(Name of Person)						
	Hartsell & Dubose Enterprises						
	(Firm/Company)						
	10144 Arbor Run Dr., Unit 89						
	(Address)						
	Tampa, F1, 33647						
(City/State and Zip Code)							
For further information concerning this matter, please call:							
	Melisa Hartsell	813 600-7715 at()					
	(Name of Person)	(Area Code & Daytime Telephone Number)					
Enclosed	I 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

١.	The name of a limited liabil Hartsell & Dubose Enterprises	• •					
							
2.	The Articles of Organization	i were filed on sury 3, 2023		_ and assigned			
	document number 1.2300031	7170					
2	The delayed effective date t	be dissolution if not effecti	ive on the date of filing	. 12-8-2023			
J.	Note: If the date inserted in t	the dissolution if not effective on the date of filing: 12-8-2023 re date cannot be prior to or more than 90 days later than date document is received for filing) this block does not meet the applicable statutory filing requirements, this date will not be ective date on the Department of State's records.					
4.	A description of occurrence 605.0707, Florida Statutes, (that resulted in the limited copy 605,0707 on back co	l liability company's dis ver letter).	ssolution pursuant to section			
	No longer in business.						
5.	If there are no members, ent activities and affairs:	er the name and address of	f the person appointed t	o wind up the company's			
10144 Arbor Run Dr., Unit 89							
	Tampa, FL 33647						
		813-400-771	5				
6. ab	Signature of an authorized pove to wind up the company	erson or if there are no me s activities and affairs:	embers, the signature of	the person appointed and listed			
<u>/</u>	letisa Hardse	el .	Melisa Hartsell				
l / 'Signature \			Printed Name				

FILING FEE: \$25.00