## L 23000470609

(R€	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
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04/29/24--01017--019 \*\*25.00



## COVER LETTER

PO: Registration Section Division of Corporations			
SUBJECT: BUGBUNNY LLC (Name of Limited)			
(Name of Limited	Liability Company)		
The enclosed Articles of Dissolution and fee(s) are submitted	d for filing.		
Please return all correspondence concerning this matter to th	e following:		
John H. GASKINS Jr. (Name of Person)			
Bughunhy LLC (Firm/Company)			
(Firm/e	Company)		
10209 HOBJEY S	+.		
•	,		
Springhill FIA. 34608 (City/State and Zip Code)			
City/State	and Zip Code)		
For further information concerning this matter, please call:			
	3		
John H. GASKins Jr. (Name of Person)	at ( 8 13 ) 40 1 - 4 80 / (Area Code & Daytime Telephone Number)		
(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:	Street Address:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	
Bugbuhny LCC	
2. The Articles of Organization were filed on October 2023 and assigned	
document number <u>L 2 3 0 00 4 70 6 0 9</u>	
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.	
<ol> <li>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).</li> </ol>	
I am Filing For dissolution be cause I didn't	
understand Fully The rules regarding an LLC. Thy	
TAX as visor recommended establishing this account,	
My as visor recommended establishing this a coopert, and afterwards, he was unavailable for simple guidance	e
5. If there are no members, enter the name and address of the person appointed to wind up the company's	
activities and affairs: John H. Gas Libo Jr'	
10209 Hoover st	
springhilly F1. 34608	
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:	
101, 14. Bad a Tolo H. Constitut it	
Signature Printed Name	

FILING FEE: \$25.00