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Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6383
From: Account Name : HAND ARENDALL HARRISON SALE LLC
Account Number : I20190000128
Phone : (850)769-3434
Fax Number : (251)544-1643

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LLC DISSOLUTION OR WITHDRAWAL
DOUBLE DIPPIN' FISHING CHARTERS LLC

Certificate of Status	0
Certified Copy	0
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M. SOLOMON
OCT 23 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOUBLE DIPPIN' FISHING CHARTERS 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:

DION MONIZ, ESQ.

(Name of Person)

HAND ARENDALL HARRISON SALE, LLC

(Firm/Company)

35008 Emerald Coast Parkway, Suite 500

(Address)

DESTIN, FLORIDA 32541

(City/State and Zip Code)

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TALLAHASSEE, FL

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For further information concerning this matter, please call:

Jessica Medina

850

650-0010

at (

(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
DOUBLE DIPPIN' FISHING CHARTERS LLC
2. The Articles of Organization were filed on 02/07/2024 and assigned
document number 1.24000070119
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).
THE COMPANY WAS VOLUNTARILY DISSOLVED.
THE COMPANY WAS VOLUNTARILY DISSOLVED.
THE COMPANY WAS VOLUNTARILY DISSOLVED.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: ALEXANDER D. LAMBERSON
141 SOUTHERN PINES ROAD
SANTA ROSA BEACH, FLORIDA 32459
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:

Alexander Lamberson

10/22/2024

Signature

ALEXANDER D. LAMBERSON

Printed Name

FILING FEE: \$25.00

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