

L24000081020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

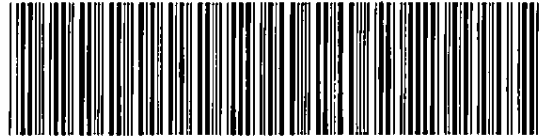
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Voluntary Dissolution
Filed on 12/19/24

Office Use Only



700440716067

12/09/24--01013--002 **25.00

FILED
TALLAHASSEE, FLORIDA

2024 DEC 19 AM 9:06

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STAR BRIGHT CAMPING LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Hoover

Name of Person

Firm/Company

548 Seacrest Dr.

Address

Inlet beach FL 32461

City/State and Zip Code

starbrightcamping@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Hoover

at (850) 585-1255

Name of Person

Area Code Daytime Telephone Number

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

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

FIRST: The name of the limited liability company is: STAR BRIGHT CAMPING LLC

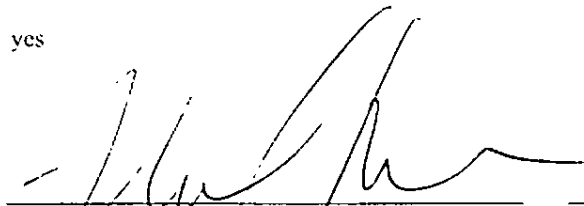
SECOND: The Florida Document number of the limited liability company is: L24000081020

THIRD: The date of filing of the initial articles of organization is: 2/14/2024

FOURTH: The date of filing of the dissolution is: ~~12/7/2024~~ 12/19/24

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

yes


Signature of Authorized Representative

Michael Hoover
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA