

P21000104151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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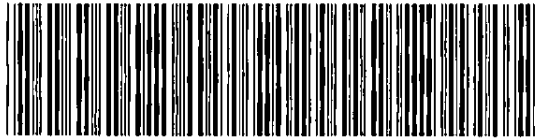
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Lobsta Guy of Ocala

**DOCUMENT NUMBER:** P21000104151

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

James M. Hallinan  
(Name of Contact Person)

The Lobsta Guy of Ocala, Inc.  
(Firm/Company)

8185 SW 62 ND Ct.  
(Address)

Ocala, Florida, 34476  
(City/State and Zip Code)

For further information concerning this matter, please call:

James M. Hallinan at ( 352-484-9201 )  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee     \$43.75 Filing Fee & Certificate of Status     \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)     \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: The Lobsta Guy of Ocala, Inc.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: \_\_\_\_\_

September 16, 2024

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

The business was losing money. Also, my health is failing due to kidney cancer and other ailments.

Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)

The Lobsta Guy of Ocala, Inc.  
8185 SW 62 ND CT.  
Ocala, FL, 34476

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

James M. Hallinan

Printed Name of the Person Filing

9/16/2024

Signature of the Person Filing

**ARTICLES OF DISSOLUTION**

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

The Lobsta Guy of Ocala, Inc.

SECOND: The document number of the corporation (if known): P21000104151

THIRD: The date dissolution was authorized: September 16, 2024

Effective date of dissolution if applicable: \_\_\_\_\_

(no more than 90 days after dissolution file date)

**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.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

Signature: James M. Hallinan  
(By director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

James M. Hallinan  
(Typed or printed name of person signing)

President  
(Title of person signing)

**Filing Fee: \$35**