| DATE | DOCUMENT ID | DESCRIPTION | FILING | EXPED | PENALTY | CERT | COPY |
|---|---|---|---|---|---|---|---|
| 08/26/2024 | 202423902990 | OHIO LLC - CERTIFICATE OF DISSOLUTION (LDS) | 50.00 | | | | 0 |

**Receipt**

This is not a bill. Please do not remit payment.

**SMALL BUSINESS BOOKKEEPING LIMITED**
**5664 COLUMBIA RD**
**MEDINA, OH, 44256**

# STATE OF OHIO
# CERTIFICATE

## Ohio Secretary of State, Frank LaRose

**4544315**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**MUD PUDDLE WINERY, LLC**

and, that said business records show the filing and recording of:

| Document(s) | Document No(s): |
|---|---|
| **OHIO LLC - CERTIFICATE OF DISSOLUTION** | **202423902990** |

**Effective Date: 08/26/2024**

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 26th day of August, A.D. 2024.

**Ohio Secretary of State**

Form 616 Prescribed by:

Date Electronically Filed: 8/26/2024

Telphone: 877.767.3453

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

# Certificate of Dissolution

## For a Domestic Limited Liability Company

## Filing Fee: $50

### Form Must Be Typed

### 140-LDS

MUD PUDDLE WINERY, LLC

Name of Limited Liability Company

4544315

Registration Number

The limited liability company listed above has dissolved.

**Optional:** Effective Date (MM/DD/YYYY) 8/26/2024 Effective Time

Pursuant to Ohio Revised Code Section 1706.172(D), a certificate of dissolution delivered to the Ohio Secretary of State for filing under this chapter may specify an effective time and a delayed effective date of not more than ninety days following the date of receipt by the Secretary of State. A certificate of dissolution is effective as provided in Ohio Revised Code Section 1706.172(D).

**By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.**

**Required**

This filing must be signed by at least one person authorized by the limited liability company.

If the person is an individual, then he or she must sign on the "signature" line and print his or her name in the "Print Name" Box.

If the person is a business entity, please print the name of the entity in the "Signature" box and an authorized representative of the business must sign in the "By" box and print his or her name and title or authority in the "Print Name Box."

SHARI EVANS
Signature

REPRESENTATIVE
By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name