L07000127109

(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:

L. SELLERS

AUG 12 2008

EXAMINER

Office Use Only

100134136291

08/11/08--01046--004 **25.00

FILED
08 AUG 11 AM 8:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POST ONE TAX SERVICE
(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:

MARIA E ALVARADO
(Name of Person)

POST ONE TAX SERVICE
(Firm/Company)

3400 US 1 HIGHWAY UNIT "G"
(Address)

SAINT AUGUSTINE, FL 32086
(City/State and Zip Code)

For further information concerning this matter, please call:

MARIA E ALVARADO at (904) 599-6035
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- [X] $25.00 Filing Fee
- [ ] 30.00 Filing Fee & Certificate of Status
- [ ] $55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- [ ] $60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
08 AUG 11 AM 8:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. The name of a limited liability company is
POST ONE TAX SERVICE

2. The Articles of Organization were filed on Dec. 24, 2007 and assigned document number
L07000127109.

3. The date the dissolution was approved: April 30, 2008 - Business Closed.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).
TAX Season closed, NO Further TAX business will be open. - at address.

5. **CHECK ONE:**

☐ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☒ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. **CHECK ONE:**

☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature	Printed Name
MARIA E ALVARADO	Maria Alvarado
Didier Alvarado	Didier Alvarado
Carlos Alvarado	Carlos Alvarado

FILING FEE: $25.00