

L01000001457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

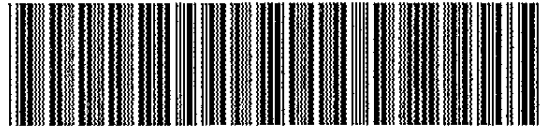
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000031975630

04/09/04--01005--001 **25.00

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
04 APR - 8 PM 1:35

2004/15/04

30

O. M. Allred
2138 Treehaven Circle
Fort Myers, Florida 33907
(239)936-8047
omalred@earthlink.net

April 6, 2004

Division of Corporations
Registration Section
Box 6327
Tallahassee, FL 32314

Subj: Dissolution of LLC #L01000001457, Allred & Associates, LLC

Please find enclosed the documents to dissolve the above LLC.

Thank you.



O. M. Allred

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR -8 PM 1:35

**ARTICLES OF DISSOLUTION
FOR
A FLORIDA LIMITED LIABILITY COMPANY**

1. The name of the limited liability company is ALLRED & ASSOCIATES, LLC
LO1000001457

2. The effective date of the limited liability company's dissolution is APRIL 4, 2004

3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to
Section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

COMPANY WAS IN NAME ONLY. NEVER
ACTUALLY OPERATED. NO FURTHER NEED
FOR THE LLC.

4. **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. 608.442

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

6. **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

Typed or Printed name


Maxine B. Allred

O. M. ALLRED
Maxine B. Allred

Filing Fee: \$25.00