

LO2000019750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2014 SEP 15 AM 11:16
CLERK OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

09/21/14

SEP 18 2014
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sullivan Fire Protection, LLC
(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:

Howard Sullivan III

(Name of Person)

Sullivan Fire Protection, LLC

(Firm/Company)

280 Lakeshore Drive

(Address)

Lake Mary, Fl. 32746

(City/State and Zip Code)

For further information concerning this matter, please call:

Howard Sullivan III

(Name of Person)

321

377-0033

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

☒ \$55.00 Filing Fee, Certificate of Dissolution &
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

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DIVISION OF STATE

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

1. The name of a limited liability company is
Sullivan Fire Protection, LLC
2. The Articles of Organization were filed on 08/02/2002 and assigned
document number L02000019750
3. The delayed effective date the dissolution if not effective on the date of filing: 09/21/2014
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
I Howard Sullivan III am going to work for another firm. I will be transferring my state
license to that firm. Sullivan Fire Protection, LLC will be dissolved.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Howard Sullivan III
280 Lakeshore Drive
Lake Mary, FL 32746
6. Signature of an authorized person or if there are no members, the signature of the person appointed and
listed above to wind up the company's activities and affairs:


Signature

HOWARD SULLIVAN
Printed Name

FILING FEE: \$25.00

EFFECTIVE DATE 09/21/14

2014 SEP 15 AM 11:16
CLERK OF STATE
ALSO SEE FILING

FILED