

LO3000001534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W/4-48050

107

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 03 2014

S. YOUNG

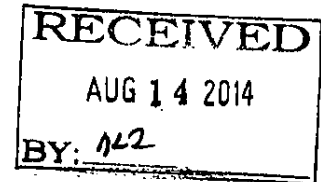


FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 6, 2014

KEVIN R LEDZIAN
7380 SW 60TH AVE STE 2
OCALA, FL 34476

SUBJECT: COMPREHENSIVE FINANCIAL LLC
Ref. Number: W14000048050



We have received your document for COMPREHENSIVE FINANCIAL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

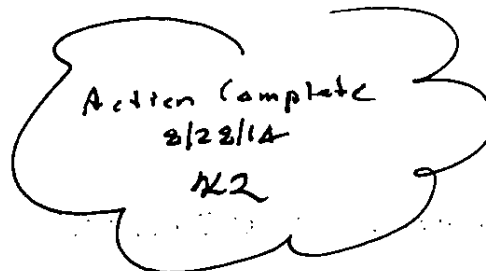
We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 414A00016848



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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Comprehensive Financial 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:

Kevin R. Ledzian

(Name of Person)

Comprehensive Financial LLC

(Firm/Company)

7380 SW 60th Ave Suite 2 Ocala FL 34476

(Address)

Ocala FL 34476

(City/State and Zip Code)

For further information concerning this matter, please call:

Kevin Ledzian

(Name of Person)

at (352) 208 4485

(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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TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is
Comprehensive Financial LLC
2. The Articles of Organization were filed on 01/14/2003 and assigned
document number L03000001534
3. The delayed effective date the dissolution if not effective on the date of filing: 9/1/2014
(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).
Organization ceased operations as a State Registered RIA
in 2009. Organization has zero assets and no on-going
business interests. Organization has zero accounts
receivable.
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Kevin R. Ledzian
P.O. Box 2075 Ocala FL 34478
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:

Kevin R. Ledzian

Signature

Kevin R. Ledzian

Printed Name

FILING FEE: \$25.00

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STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

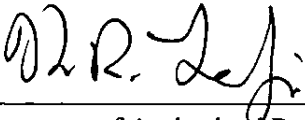
FIRST: The name of the limited liability company is: Comprehensive Financial LLC

SECOND: The Florida Document number of the limited liability company is: L03000001534

THIRD: The date of filing of the initial articles of organization is: 01/14/2003

FOURTH: The date of filing of the dissolution is: July 28, 2014

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.



Signature of Authorized Representative

Kevin R. Ledzian

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

CR2E141 (2/14)

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