

03000002774

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.
Account Number : I20050000099
Phone : (813) 932-5244
Fax Number : (813) 932-3782

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FOUR SEASONS CONSTRUCTION & MANAGEMENT, LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FOUR SEASONS CONSTRUCTION & MANAGEMENT, 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:

JENNIFER MORALES

(Name of Person)

CONTRACTORS REPORTING SERVICE, INC

(Firm/Company)

13795 N NEBRASKA AVE

(Address)

TAMPA FL 33613

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JENNIFER MORALES

(Name of Person)

at (813) 932-5244
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ 30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
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☐ \$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**

1. The name of a limited liability company is

FOUR SEASONS CONSTRUCTION & MANAGEMENT, LLC

2. The Articles of Organization were filed on 01/23/2003

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and assigned document number

3. The date the dissolution was approved: 08/25/2009

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).

WE OPENED A NEW COMPANY, WHICH WE HAVE A NEW QUALIFIER IN PLACE.

WE WILL NO LONGER CONDUCT BUSINESS UNDER THIS COMPANY NAME.

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.

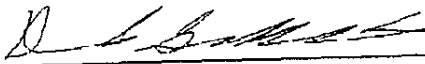
6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.


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

DAVID GILLELAND

JAY LOCKLER

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