

103000015642

00189-00524-00071 wrong form LLC NOT CORP

AMERISTAR SERVICES LC  
2516 SE ANCHORAGE COVE H-1  
PSL FL 34952-6234

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

11/10 diss

103-15642

Office Use Only



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10/15/04--01015--010 \*\*35.00

25.00

MJH

FILED  
04 NOV 10 PM 4:22  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

October 27, 2004

AMERISTAR SERVICES, LC  
2516 SE ANCHORAGE COVE H-1  
PORT ST. LUCIE, FL 34952-5234

SUBJECT: AMERISTAR SERVICES, LC  
Ref. Number: L03000015642

We have received your document for AMERISTAR SERVICES, LC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to dissolve this Limited Liability Company, the form submitted is for a Corporation.

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) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 004A00061883

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AMERISTAL SERVICES, 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:

MITCH BENNETT

(Name of Person)

(Firm/Company)

2516 SE ANCHORAGE COVE, 14-1

(Address)

PSL, FL 34952-6234

(City/State and Zip Code)

For further information concerning this matter, please call:

MITCH

(Name of Person)

at ( 772 ) 398-0337

(Area Code & Daytime Telephone Number)

SENT IN \$35.00 WHICH YOU KEPT & DID NOT RETURN.  
ASLE #134 CASHED 10/15/04

Enclosed is a check for the following amount:

☐ \$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)

### STREET ADDRESS:

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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

FILED  
04 NOV 10 PM 4:22  
TALLAHASSEE FLORIDA

1. The name of the limited liability company is

AMERLISTAM SERVICES, LLC

2. The date the dissolution was approved: JUNE 01, 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).

CLOSING BUSINESS - VOZBA TO DISCLOSE

**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.

5. All remaining property and assets have been distributed among its members in accordance with their 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

Mitchell A. Bennett (100%)  
OWNER

Typed or Printed name

Mitchell A. Bennett

Filing Fee: \$25.00

YOU HAVE CHECK FOR \$35.00  
A.C.C. #120 CASHED 10/15/04