

LO3000032286

(Requestor's Name)

THOMAS & KIMBERLEY ELLIS
816 W. FLORENCE AVENUE
DELAND, FL 32720

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

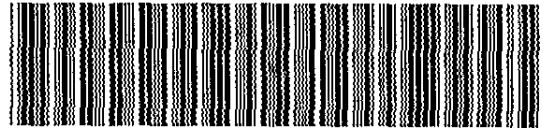
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

1. The name of the limited liability company is Stressfree LLC

2. The effective date of the limited liability company's dissolution is 08-28-2003

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).

I am the only member of the LLC and due to overwhelming health concerns am unable to
continue with the business. It was formed less than five days ago and has done no business
or incurred any debt. Please dissolve this LLC pursuant to 608.441.

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. 608.4421.

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



Typed or Printed name

Thomas R. Ellis

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00