

LD3000041150

C. Murphy
Leaves, LLC
1824 SW Oregon Way
Stuart, RI 01569

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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N. Gulligan AUG 16 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Leaves, 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:

Corinne Murphy
(Name of Person)

(Firm/Company)

1824 SW Lorogor Way
(Address)

Stuart, FL 34997
(City/State and Zip Code)

For further information concerning this matter, please call:

Corinne Murphy at (772) 220-8081
(Name of Person) (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 &
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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 27, 2005

C. MURPHY
1824 SW GREGOR WAY
STAURT, FL 34997

SUBJECT: LEAVES, LLC
Ref. Number: L03000041150

We have received your document for LEAVES, 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):

You submitted to the wrong filing forms to dissolve your Limited Liability Company enclosed are the proper forms.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 205A00048868

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

1. The name of the limited liability company is

Leaves, LLC

2. The date the dissolution was approved: 3/1/05

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).

Partnership issues, Financial Concerns

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

Corinne Murphy

Typed or Printed name

Corinne Murphy

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DIVISION OF CORPORATIONS
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