

L03000045750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

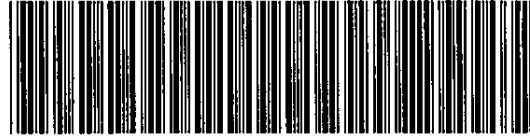
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wrong form

Office Use Only



800284695288

04/26/16--01026--008 **43.75

05/18/16--01002--001 **11.25

FILED
2016 MAY 16 P 3:31
CLERK OF THE COURT
STATE OF FLORIDA

MAY 17 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 29, 2016

ROBERT D. MARTIN
9 SEEDLING DRIVE
SAFETY HARBOR, FL 34695

SUBJECT: ROBERT D MARTIN LLC
Ref. Number: L03000045750

We have received your document for ROBERT D MARTIN LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 816A00008983

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROBERT D. MARTIN 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:

Robert D. MARTIN
(Name of Person)

Robert D. MARTIN LLC
(Firm/Company)

9 SEEDLING DR.
(Address)

SAFETY HARBOR FL 34695
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT D. MARTIN at (727) 725-2049
(Name of Person) (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

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

1. The name of a limited liability company is

ROBERT D. MARTIN LLC

2. The Articles of Organization were filed on NOV 17, 2003 and assigned
document number LO3000045750

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

RETIRED

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

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:

Robert D Martin
MERM
Signature

ROBERT D MARTIN
Printed Name

FILING FEE: \$25.00

FILED
2003 NOV 16 P 3 33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA