

LD3000051750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

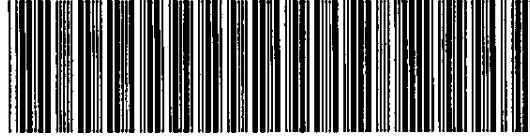
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 22 2016
N. CAUSSEAU

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DANNY BAIN DRYWALL, L.L.C.
(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:

ROSE M. BAIN

(Name of Person)

DANNY BAIN DRYWALL, LLC

(Firm/Company)

2649 WEST CYPRESS DRIVE

(Address)

DUNNELLON, FLORIDA 34433

(City/State and Zip Code)

For further information concerning this matter, please call:

ROSE M. BAIN

(Name of Person)

at (352) 895-9187

(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

DANNY BAIN DRYWALL, L.L.C.

2. The Articles of Organization were filed on DECEMBER 11, 2003 and assigned

document number LO3000051750

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).

DUE TO DEATH

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

ROSE M. BAIN

2649 WEST CYPRESS DRIVE

DUNNELLON, FLORIDA 34433

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:

Rose M. Bain
Signature

ROSE M. BAIN
Printed Name

FILING FEE: \$25.00

FILED
16 FEB 19 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2016012607

DATE ISSUED: January 28, 2016

DECEDENT INFORMATION

STATE FILE DATE: January 28, 2016

NAME: DANNY RAY BAIN

DATE OF DEATH: January 23, 2016

SEX: MALE

SSN: 266-84-5458

AGE: 068 YEARS

DATE OF BIRTH: June 3, 1947

BIRTHPLACE: TALLADEGA, ALABAMA, UNITED STATES

PLACE OF DEATH: DECEDENT'S HOME

FACILITY NAME OR STREET ADDRESS: 2649 W. CYPRESS DRIVE

LOCATION OF DEATH: DUNNELLON, CITRUS COUNTY, 34433

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: MARRIED

SPOUSE (IF FEMALE, MAIDEN NAME): ROSE M BRUNO

RESIDENCE: 2649 W. CYPRESS DRIVE, DUNNELLON, FLORIDA 34433, UNITED STATES

COUNTY: CITRUS

OCCUPATION, INDUSTRY: CONTRACTOR, CONSTRUCTION

RACE: ☒ White ☐ Black or African American ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Native Hawaiian ☐ Japanese ☐ Korean
☐ American Indian or Alaskan Native-Tribe: ☐ Vietnamese ☐ Other Asian:
☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Isl: ☐ Other: ☐ Unknown

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

EDUCATION: ASSOCIATE DEGREE

EVER IN U.S. ARMED FORCES? YES

PARENTS AND INFORMANT INFORMATION

FATHER: PAUL JUNIOR BAIN

MOTHER: MARY L MORGAN

INFORMANT: ROSE BAIN

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 2649 W. CYPRESS DRIVE, DUNNELLON, FLORIDA 34433, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: JACKSONVILLE NATIONAL CEMETERY
JACKSONVILLE, FLORIDA

METHOD OF DISPOSITION: BURIAL

FUNERAL DIRECTOR/LICENSE NUMBER: RICHARD T. BROWN, F046856

FUNERAL FACILITY: BROWN FUNERAL HOME AND CREMATORY - LECANTO F040833
5430 WEST GULF TO LAKE HWY, LECANTO, FLORIDA 34461

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 hr): 1842

CERTIFIER'S NAME: JOHN D GELIN

CERTIFIER'S LICENSE NUMBER: ME24036

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT APPLICABLE

CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: NATURAL

CAUSE OF DEATH - PART I - and Approximate Interval: Onset to Death:

a LUNG CANCER

MONTHS

b

c

d

PART II - Other significant conditions contributing to death but not resulting in the underlying cause given in PART I:

AUTOPSY PERFORMED? NO

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN

REASON FOR SURGERY:

IF FEMALE, NOT APPLICABLE

DATE OF INJURY: NOT APPLICABLE

TIME OF INJURY (24 hr):

INJURY AT WORK?

LOCATION OF INJURY:

VOID IF ALTERED OR ERASED

VOID IF ALTERED

OR ERASED

CERTIFIER'S NAME: JOHN D GELIN

CERTIFIER'S LICENSE NUMBER: ME24036

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT APPLICABLE

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REASON FOR SURGERY:

IF FEMALE, NOT APPLICABLE

DATE OF INJURY: NOT APPLICABLE

TIME OF INJURY (24 hr):

INJURY AT WORK?

LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

PLACE OF INJURY:

IF TRANSPORTATION INJURY, Status of Decedent:

Type of Vehicle:



, State Registrar

REQ: 2016682628

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THIS DOCUMENT WILL NOT PRODUCE A COLOR COPY.



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DM FORM 1947 (03-13)

CERTIFICATION OF VITAL RECORD

