

LO 30000 53712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

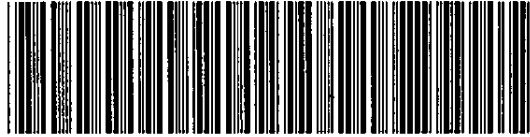
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers FEB 03 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TAX SERVICES OF HOLT, 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:

RACHEL M. KILLINGSWORTH

(Name of Person)

TAX SERVICES OF HOLT, LLC

(Firm/Company)

4773 GALLIVER CUTOFF

(Address)

HOLT, FL. 32564

(City/State and Zip Code)

For further information concerning this matter, please call:

RACHEL M. KILLINGSWORTH

(Name of Person)

850

537-8333

at ()

(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

TAX SERVICES OF HOLT, LLC

2. The Articles of Organization were filed on APRIL 30, 2004 and assigned

document number L03000053712

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)

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).

Declining health of Rachel M. Killingsworth, managing member, resulting in my

inability to continue working in the business. the other member, Janet Williamson has

a full time job that causes her to have to be out of town a lot of the time and very busy

the balance of the time. It is necessary to discontinue the business as a result.

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:

Rachel M. Killingsworth
Signature

Rachel M. Killingsworth

Printed Name

12-31-2014

FILING FEE: \$25.00

15 JAN 26 AM 9:23
RECEIVED
TALLAHASSEE, FLORIDA