

L04 00000 2046

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

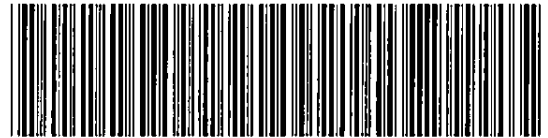
(Business Entity Name)

(Document Number)

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04/16/24--01010--014 **25.00

FILED
2024 MAY 14 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOLON H. COLLINS, GENERAL CONTRACTOR 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:

SOLON H. COLLINS
(Name of Person)

SOLON H. COLLINS, GENERAL CONTRACTOR LLC
(Firm/Company)

1805 LIVE OAK DRIVE NORTH
(Address)

ROCKLEDGE, FL 32955
(City/State and Zip Code)

For further information concerning this matter, please call:

SOLON H. COLLINS at (321) 544-2926
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee and Certificate of Dissolution

ALREADY PAID

☐ \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

SOLON H. COLLINS, GENERAL CONTRACTOR LLC

2. The Articles of Organization were filed on 01/02/2004 and assigned

document number L04000002046

3. The delayed effective date the dissolution if not effective on the date of filing: APRIL 2024
(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.

MAILED CHECK ON APRIL 11, 2024

THIS IS THE ONLY DATE I HAVE

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).

I AM 83 YEARS OLD AND NO LONGER WORKING
RETIRED (NO OCCURRENCE)
NO JOBS / NO DEBT

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

SOLON H. COLLINS
1805 LIVE OAK DRIVE NORTH
ROCKLEDGE, FL 32955

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:

Solon H. Collins
Signature

SOLON H. COLLINS
Printed Name

FILING FEE: \$25.00

ALREADY PAID

SECRETARY OF STATE
FILING OFFICE

2024 MAY 16 PM 12:48

FILED