

L04000007768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

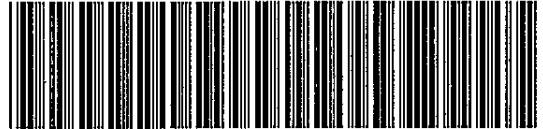
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000060804020

10/31/05--01027--003 **25.00

FILED

2005 DEC 27 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L04-7768
al

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STEPHAN L HOCKMANN
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEPHAN L. HOCKMANN
(Name of Person)

NEED A CAB
(Firm/Company)

745 OVERIVER DR.
(Address)

FORT MYERS FL. 33903
(City/State and Zip Code)

For further information concerning this matter, please call:

KATHLEEN KIRKPATRICK at 239 995 2674
(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)

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

2006 DEC 27 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

STEPHAN L HOCKMANN LLC

2. The Articles of Organization were filed on JANUARY 29, 2004 and assigned document number

204000007768

3. The date the dissolution was approved: OCTOBER 25, 2005

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter). NOT FOUND ON BACK

STEPHAN HOCKMANN DBA "NEED A CAB" HAS CHOSEN AS OWNER, TO CLOSE THE BUSINESS.

5. 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. 608.442.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. 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.

2005 DEC 29 PM 4:00
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Kathleen Kirkpatrick

Printed Name

KATHLEEN KIRKPATRICK