

L040000 23982

(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



000113409810

12/31/07--01006--009 **25.00

FILED

07-DEC-31 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L04-23982

AA Thomas JAN 2 2008

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOSEPH DENT PAINTING & DRYWALL REPAIR, 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:

JOSEPH DENT

(Name of Person)

JOSEPH DENT PAINTING & DRYWALL REPAIR, LLC

(Firm/Company)

2919 LONGWOOD CR

(Address)

PANAMA CITY, FL 32405

(City/State and Zip Code)

FILED
07 DEC 31 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JOSEPH DENT

(Name of Person)

at (850)

624-6671

(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)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

1. The name of the limited liability company is

JOSEPH DENT PAINTING & DRYWALL REPAIR, LLC

2. The date the dissolution was approved: 12/20/2007

3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

lack of work

FILED
07 DEC 31 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. **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. 608.4421.

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

6. **CHECK ONE:**

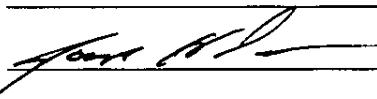
☒ There are no suits pending against the company in any court.
-OR-

☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

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

Signature

Typed or Printed name



JOSEPH DENT - PRESIDENT