

L040000 64246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

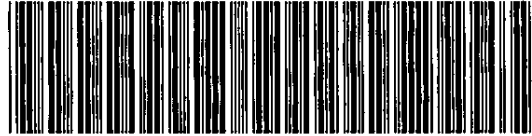
(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 03 2016
J SHIVERS

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 13, 2016

JULIE RILEY
PO BOX 1171
GREENWOOD, IN 46142

SUBJECT: DR. RESTORATION, LLC.
Ref. Number: L04000064246

We have received your document for DR. RESTORATION, LLC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 716A00007649

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dr Restoration LLC
(Name of Corporation)

DOCUMENT NUMBER: L04000064246

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julie Riley
(Name of Person)

Dr Restoration LLC
(Firm/Company)

PO Box 1171
(Address)

Greenwood, IN 46142
(City/State and Zip code)

For further information concerning this matter, please call:

Julie Riley at (317) 710-6231
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)
- \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL.32314

STREET ADDRESS:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL. 32301

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

1. The name of a limited liability company is

DR. Restoration LLC

2. The Articles of Organization were filed on 8-30-04 and assigned

document number L04000064246

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).

Business Closing

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:


Signature

Julie Riley
Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA