

L04000066663

ALLEN JOSEPH

(Requestor's Name)

P.O. Box 1145

(Address)

(Address)

TALLAHASSEE FL 32302

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☒

MAIL

LIVING WAGE

(Business Entity Name)

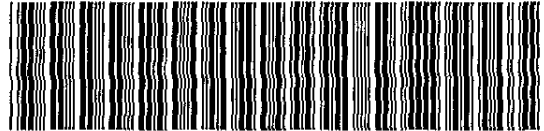
(Document Number)

Certified Copies _____ Certificates of Status _____

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04/29/05--01033--023 **25.00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

05 APR 29 PM 2:47

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 APR 29 AM 10:31

FILED

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

FILED
APR 29 AM 10:31
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

1. The name of the limited liability company is LIVING WAGE, LLC
2. The effective date of the limited liability company's dissolution is 4/29/05
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).
- NO ACTIVITY - NO NEED TO EXIST

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

Allen Joseph

ALLEN JOSEPH