

L040000069268

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2006 OCT -4 P 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Woods Restoration Services 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:

Philip Woods

(Name of Person)

Woods Restoration Services LLC

(Firm/Company)

398 Stamm Road

(Address)

Newington, CT 06111

(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Richard J. Menfi CPA

(Name of Person)

at (201) 670-4040

(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

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

1. The name of a limited liability company is

Woods Restoration Services LLC

2. The Articles of Organization were filed on 08/22/2004 and assigned document number L04000069268

3. The date the dissolution was approved: 07/15/2005

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).

Out of 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. 608.4421.

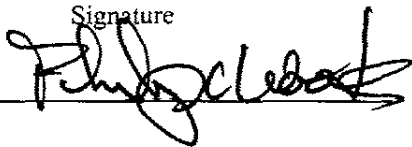
6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

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.

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

Signature



Printed Name

Philip Woods

Martin Woods

Timothy Woods

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2005 OCT -14 P 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L04000069268
FILED 8:00 AM
September 22, 2004
Sec. Of State
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Article I

The name of the Limited Liability Company is:
WOODS RESTORATION SERVICES, LLC

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Article II

The street address of the principal office of the Limited Liability Company is:
398 STAMM ROAD
NEWINGTON, CT. US 06111

The mailing address of the Limited Liability Company is:
398 STAMM ROAD
NEWINGTON, CT. US 06111

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
PHILIP WOODS
651 8TH COURT
VERO BEACH, FL. 32962

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: PHILIP WOODS

Article V

The name and address of managing members/managers are:

Title: MGRM
PHILIP WOODS
398 STAMM ROAD
NEWINGTON, CT. 06111 US

Title: MGRM
MARTIN WOODS
398 STAMM ROAD
NEWINGTON, CT. 06111 US

Title: MGRM
TIMOTHY WOODS
398 STAMM ROAD
NEWINGTON, CT. 06111 US

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Signature of member or an authorized representative of a member

Signature: PHILIP WOODS