# \*L04000077011

| (Requestor's Name)                      |                        |  |  |  |
|---|------------------------|--|--|--|
| (Address)                               |                        |  |  |  |
| (Address)                               |                        |  |  |  |
| (City/State/Zip/Phone #)                |                        |  |  |  |
| <u>_</u>                                | · ·                    |  |  |  |
| ☐ PICK-UP                               | ☐ WAIT ☐ MAIL          |  |  |  |
| (Business Entity Name)                  |                        |  |  |  |
| (Document Number)                       |                        |  |  |  |
| Certified Copies                        | Certificates of Status |  |  |  |
| Special Instructions to Filing Officer: |                        |  |  |  |
|   |                        |  |  |  |
|   |                        |  |  |  |
|   |                        |  |  |  |
|   |                        |  |  |  |

Office Use Only



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## **COVER LETTER**

| TO:   | Registration Section Division of Corporations  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| SUBJE   | ADVANCED CONTRACTING SPECIALTIES, LLC  |  |  |  |  |  |
| 5025  | (Name of Limited Liability Company)  |  |  |  |  |  |
|   | closed Articles of Dissolution and fee(s) are submitted for filing.  |  |  |  |  |  |
| Please return all correspondence concerning this matter to the following: |  |  |  |  |  |  |
|   | Clay Schuett   |  |  |  |  |  |
| (Name of Person)  |  |  |  |  |  |  |
|   | Schuett Law Group  |  |  |  |  |  |
|   | (Firm/Company)   |  |  |  |  |  |
|   | 8200 - 113th Street, Suite 101   |  |  |  |  |  |
| (Address)   |  |  |  |  |  |  |
|   | Seminole, FL 33772   |  |  |  |  |  |
| (City/State and Zip Code)   |  |  |  |  |  |  |
| For furt  | her information concerning this matter, please call:   |  |  |  |  |  |
|   | Clay Schuett 727 712-3663  |  |  |  |  |  |
|   | (Name of Person) at ( ) (Area Code & Daytime Telephone Number)   |  |  |  |  |  |
| Enclosed is a check for the following amount:                             |  |  |  |  |  |  |
|   | \$25.00 Filing Fee and Certificate of Dissolution  \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) |  |  |  |  |  |

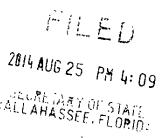
### MAILING ADDRESS:

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 ADVANCED CONTRAC   | y company is<br>TING SPECIALTIES, LLC  | ALLAHASSEE.                     |  |
|-----------|--|--|---------------------------------|--|
| 2.        | The Articles of Organization   | were filed on OCTOBER 25, 2004   | and assigned                    |  |
|           | document number L040000  | 77011  |                                 |  |
| 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)                               |  |                                 |  |
| 4.        | A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 05.0707, Florida Statutes, (copy 605.0707 on back cover letter).  The company has ceased conducting business. |  |                                 |  |
|           |  |  |                                 |  |
|           |  |  |                                 |  |
|           |  |  |                                 |  |
| 5.        | If there are no members, enter<br>activities and affairs:  | r the name and address of the person appoi                                   | inted to wind up the company's  |  |
|           |  |  |                                 |  |
|           |  |  |                                 |  |
| 6.<br>lis | Signature of an authorized pe<br>sted above to yind up the comp  | erson or if there are no members, the signate pany's activities and affairs: | ure of the person appointed and |  |
|           | Same Dohn  | Warren John  | rinted Name                     |  |
|           | ~ Signature  | ľ  | rinico name                     |  |

FILING FEE: \$25.00