

L05000002323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

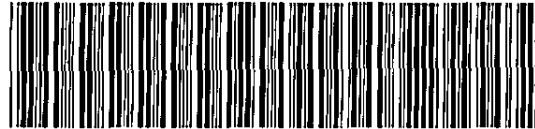
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

11/01/05

NO \$

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRAIG A. WEST, 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:

CRAIG A. WEST

(Name of Person)

CRAIG A. WEST, LLC

(Firm/Company)

4204 FAWN MEADOWS CIRCLE

(Address)

CLERMONT FL 34711

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

DEBORAH WEST

(Name of Person)

OR CRAIG WEST

at (352) 552-7469

(Area Code & Daytime Telephone Number)

352 - 250-9751

CREDIT CARD NO.

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 20, 2005

CRAIG A. WEST
CRAIG A. WEST, LLC
4204 FAWN MEADOWS CIRCLE
CLERMONT, FL 34711

SUBJECT: CRAIG A. WEST, LLC
Ref. Number: L05000002323

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TALLAHASSEE, FLORIDA

We have received your document for CRAIG A. WEST, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00.

Your cover letter refers to "credit card no.," but we cannot use credit card information for this filing.

Please return 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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 905A00063963

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

1. The name of the limited liability company is

CRAIG A. WEST, LLC

2. The date the dissolution was approved: 10-12-05

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).

DID NOT START THE BUSINESS OR CONDUCT ANY BUSINESS

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. 608.441.
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

Craig A. West

Typed or Printed name

CRAIG A. WEST

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