

L050000004078 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

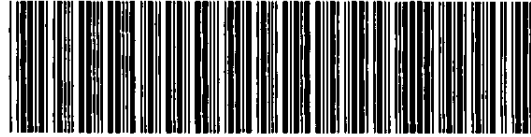
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
OCT 22 2012  
EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Mike Snyder Enterprises 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:

Matthew A. Snyder  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

208 64<sup>th</sup> Street  
(Address)

Holmes Beach FL 34217  
(City/State and Zip Code)

For further information concerning this matter, please call:

Matthew A. Snyder at (917) 837 0294  
(Name of Person) (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

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

1. The name of a limited liability company is

Mike Snyder Enterprises LLC

2. The Articles of Organization were filed on January 13, 2005 and assigned document number L05000004078

3. The date the dissolution was approved: October 15, 2012

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).

The Registered Agent and Manager of the corporation, Michael B. Snyder, became deceased on May 25, 2012 (death certificate enclosed). The work performed by Michael B. Snyder was the primary purpose of the corporation. Matthew A. Snyder, Managing Member of the corporation and sole remaining member, hereby consents to the dissolution of the corporation.

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

Matthew A. Snyder

Matthew A. Snyder

## STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

## OFFICE of VITAL STATISTICS

## FLORIDA CERTIFICATE OF DEATH

LOCAL FILE NO.

1. DECEDENT'S NAME (First, Middle, Last, Suffix) <b>Michael Barry Snyder</b>				2. SEX <b>Male</b>	
3. DATE OF BIRTH (Month, Day, Year) <b>July 1, 1949</b>		4a. AGE - Last Birthday (Years) <b>62</b>		4b. UNDER 1 YEAR Months: _____ Days: _____ Hours: _____ Minutes: _____	
5. DATE OF DEATH (Month, Day, Year) <b>May 25, 2012</b>					
6. SOCIAL SECURITY NUMBER <b>153-40-7334</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>Chicago, Illinois</b>		8. COUNTY OF DEATH <b>Manatee</b>	
9. PLACE OF DEATH (Check only one) HOSPITAL: _____ Inpatient: _____ X Emergency Room/Outpatient _____ Dead on Arrival _____ NON-HOSPITAL: _____ Hospice Facility _____ Nursing Home/Long Term Care Facility _____ Decedent's Home _____ Other (Specify) _____					
10. FACILITY NAME (If not institution, give street address) <b>Blake Medical Center</b>				11a. CITY, TOWN, OR LOCATION OF DEATH <b>Bradenton</b>	
				11b. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
12. MARITAL STATUS (Specify) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married					
13. SURVIVING SPOUSE'S NAME (If wife, give maiden name) <b>Melissa Becker</b>					
14a. RESIDENCE - STATE <b>Florida</b>		14b. COUNTY <b>Manatee</b>		14c. CITY, TOWN, OR LOCATION <b>Holmes Beach</b>	
14d. STREET ADDRESS <b>208 64th Street</b>		14e. APT. NO. <b>34217</b>		14g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life) <b>Project Manager</b>				15b. KIND OF BUSINESS/INDUSTRY <b>Manufacturing</b>	
16. DECEDENT'S RACE (Specify the race/ethnicity to indicate what decedent considered himself/herself to be. More than one race may be specified.) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Island (Specify) _____ Other (Specify) _____					
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin) <input type="checkbox"/> Yes (If Yes, specify) <input checked="" type="checkbox"/> No <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central/South American <input type="checkbox"/> Other Hispanic (Specify) _____					
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) <input type="checkbox"/> 8th or less <input type="checkbox"/> High school but no diploma <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> College but no degree <input type="checkbox"/> College degree (Specify) _____ <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input checked="" type="checkbox"/> Master's <input type="checkbox"/> Doctorate					
19. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
20. FATHER'S NAME (First, Middle, Last, Suffix) <b>Irving Snyder</b>			21. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Joy Braunfeld</b>		
22a. INFORMANT'S NAME <b>Melissa Snyder</b>			22b. RELATIONSHIP TO DECEDENT <b>Wife</b>		
23a. CITY OR TOWN <b>Holmes Beach</b>			23b. STREET ADDRESS <b>208 64th Street</b>		
23c. ZIP CODE <b>34217</b>					
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Dover Mt. Sinai Cemetery</b>			25a. LOCATION - STATE <b>New Jersey</b>		
25b. LOCATION - CITY OR TOWN <b>Randolph</b>					
26a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) _____			26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
27a. LICENSE NUMBER (of licensee) <b>F046640</b>			27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		
28. NAME OF FUNERAL FACILITY <b>Florida Mortuary Funeral &amp; Cremation Services</b>			29a. FACILITY'S MAILING - STATE <b>Florida</b>		
29b. CITY OR TOWN <b>Tampa</b>			29c. STREET ADDRESS <b>4601 North Nebraska Avenue</b>		
29d. ZIP CODE <b>33603</b>					
30. CERTIFIER <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated (Check one) <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.					
31a. (Signature and Title of Certifier) <i>[Signature]</i>		31b. DATE SIGNED (mm/dd/yyyy) <b>5/28/12</b>		32. TIME OF DEATH (24 hr) <b>2300</b>	
33. MEDICAL EXAMINER'S CASE NUMBER <b>6-1508</b>					
34a. LICENSE NUMBER (of Certifier) <b>ME42435</b>		34b. CERTIFIER'S NAME <b>David Grace MD</b>		35. NAME OF ATTENDING PHYSICIAN (If other than Certifier)	
36a. CERTIFIER'S STATE <b>Florida</b>		36b. CITY OR TOWN <b>Bradenton</b>		36c. STREET ADDRESS <b>315 75th Street West</b>	
36d. ZIP CODE <b>34209</b>					
37. SIGNATURE OF REGISTRAR <i>[Signature]</i>		38a. LOCAL REGISTRAR <b>Hans B. Piller, Deputy</b>		38b. DATE FILED BY REGISTRAR (MM/DD/YYYY) <b>June 5, 2012</b>	

*[Signature]* June 5, 2012  
Chief Deputy Registrar, Manatee County

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.  
WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT.

DH FORM 1946 (04-10)

CERTIFICATION OF VITAL RECORD

FLORIDA DEPARTMENT OF HEALTH