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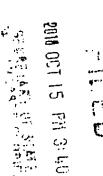
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer: Must File A. J. Diss			

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M. MILLIGAN OCT 18 2018



FLORIDA DEPARTMENT OF STATE Division of Corporations

Mauren Barrett 954868 6082 Former address: 4015w4 au

401 500 4 CW

Ft Lunderdole

September 15, 2018

DREW R. PARKINSON COMPANY, LLC 2435 PAWTUCKET PASS MT DORA, FL 32757

SUBJECT: DREW R. PARKINSON COMPANY, LLC

Ref. Number: L05000039646

We have received your document for DREW R. PARKINSON COMPANY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

To notify this office that you are no longer transacting business, you must file Articles of Dissolution. The attached Notice of Dissolution is optional; however, if you desire to file it along with the Articles of Dissolution, you must enter a description of information that must be included in a written claim.

Please return your document, along with 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) 245-6051.

Michelle Milligan Senior Section Administrator

Letter Number: 718A00019258

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Drew R. Parkinson Com (Name of Limited Liability Company)	npany 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:				
Maureen E. Barret	†			
Maureen E. Barrett (Name of Person)				
Drew R. Parkinson Company LLC (Firm/Company)				
(Firm/Company)				
242-0				
<u>a435 Pawtucket Pas</u>	7			
(Address)				
Mount Dora FL 32757 (City/State and Zip Code)				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
_				
Maureen E Barrett at (954) (Name of Person) (Area Code	868 6082			
(Name of Person) (Area Code	e & Daytime Telephone Number)			
Enclosed is a check for the following amount:				
Certified Cor	Fee, Certificate of Dissolution & by (additional copy is enclosed)			
already paid				
MAILING ADDRESS: STRE	ET/COURIER ADDRESS:			
	ration Section			
ž –	on of Corporations			
P.O. Box 6327 Clifton	Building			
	executive Center Circle assee, FL 32301			

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is	5
	DREW R PARKINSON COMPANY LLC	てコし
2.	The Articles of Organization were filed on APRIL 20, 2005 and assigned	
	document number <u>L0 50000 39646</u>	
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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not listed as the document's effective date on the Department of State's records.	be
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	1
	I sold my commercial building. My busine	22
	15 closed. (I was renting/leasing.)	
5.	If there are no members, enter the name and address of the person appointed to wind up the company's	
	activities and affairs: Maureen E. Barrett	
	2435 PANTUCKET PASS	
	MOUNT DORA, FL 32757	
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:	
4	Knuwer E Bauett Maureen E Barrett	

FILING FEE: \$25.00

Printed Name

Signature