

LD5000039646

(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 Art. al Diss.

Office Use Only



300317961773

09/07/18--01011--016 **25.00

FILED
2018 OCT 15 PM 3:40
CLERK OF COURT
JUDICIAL DISTRICT OF NEBRASKA

M. MILLIGAN
OCT 18 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

Maureen Barrett
954 868 6082
Former address:
401 SW 4th
Apt 1207
Ft Lauderdale
33315

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 Company 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. Barrett
(Name of Person)

Drew R. Parkinson Company LLC
(Firm/Company)

2435 Pawtucket Pass
(Address)

Mount Dora FL 32757
(City/State and Zip Code)

For further information concerning this matter, please call:

Maureen E Barrett at (954) 868 6082
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

already paid

☐ \$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

FILED
2018 OCT 15 PM 3:40
SECRETARY OF STATE
STATE OF FLORIDA

1. The name of a limited liability company is

DREW R PARKINSON COMPANY LLC

2. The Articles of Organization were filed on APRIL 20, 2005 and assigned

document number LO5000039646

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 be listed as the document's effective date on the Department of State's records.

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).

I sold my commercial building. my business
is 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 PAWTUCKET PASS

MOUNT DORA, FL 32757

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Maureen E Barrett
Signature

Maureen E Barrett
Printed Name

FILING FEE: \$25.00