

L05000040496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

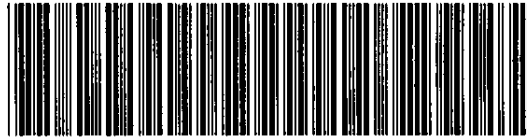
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/02/15--01007--012 **25.00

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2015 FEB -2 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan FEB - 9 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HARTER FAMILY 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:

J. Micheal Smith, C.P.A.

(Name of Person)

Smith & Associates, CPAs, P.A.

(Firm/Company)

1601 Rickenbacker Drive, Suite 9

(Address)

Sun City Center, FL 33573-5332

(City/State and Zip Code)

For further information concerning this matter, please call:

J. Micheal Smith, C.P.A.

(Name of Person)

813

634-8885

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

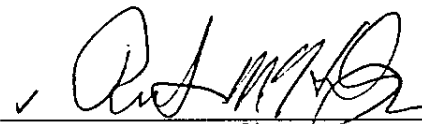
ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2015 FEB -2 PM 4: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
HARTER FAMILY COMPANY, LLC
2. The Articles of Organization were filed on 04/25/2005 and assigned
document number L05000040496
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
605.0707, Florida Statutes. (copy 605.0707 on back cover letter).
ALL ASSETS HAVE BEEN DISTRIBUTED TO THE MEMBERS IN THEIR
PROPORTIONATE SHARE.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: _____
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:


Signature

RICHARD M. HARTER, JR.
Printed Name

FILING FEE: \$25.00