

LOS 000052094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2011 MAY -2 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE
MAY - 4 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southern Orchid pressure cleaning and maintenance
(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:

Leslie a Robinson

(Name of Person)

Southern Orchid pressure cleaning and Maintenance

(Firm/Company)

410 SW 43rd lane

(Address)

cape coral, Florida 33914

(City/State and Zip Code)

For further information concerning this matter, please call:

Leslie a Robinson

(Name of Person)

at 239 940-0673

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$25.00 Filing Fee



\$0.00 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

Southern Orchid Pressure cleaning and Maintenance

2. The Articles of Organization were filed on May 23 2005 and assigned document number L05000052094

3. The date the dissolution was approved: 4 - 29 - 2011

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).

Due to a back injury I will no longer be
able to Pressure clean.

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 608.441.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

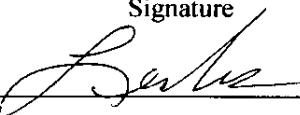
7. CHECK ONE:

- ☒ 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.

FILED
2011 MAY 29 PM 12:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature



Printed Name

Leslie A Robinson