

LO5000062045

(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:

--Office Use Only



300267865973

01/02/15--01029--020 \*\*25.00

FILED  
15 JAN -2 PM 2:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 15 2015  
T. HAMPTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LUDWIG SERVICES 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:

DAVID LUDWIG

\_\_\_\_\_  
(Name of Person)

LUDWIG SERVICES LLC

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

9572 BROKEN OAK BLVD

\_\_\_\_\_  
(Address)

JACKSONVILLE, FL. 32257

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID LUDWIG

\_\_\_\_\_  
(Name of Person)

at ( 386 ) 690-2174  
\_\_\_\_\_  
(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**

1. The name of a limited liability company is  
LUDWIG SERVICES LLC
2. The Articles of Organization were filed on 06/21/2005 and assigned  
document number L05000062045
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).  
Company closing, out of business as of 12/31/2013.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: DAVID LUDWIG  
9572 BROKEN OAK BLVD  
JACKSONVILLE, FL. 32257  
386-690-2174
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:

David Ludwig  
Signature

DAVID LUDWIG  
Printed Name

**FILING FEE: \$25.00**

**FILED**  
15 JAN - 2 PM 2:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA