L05000071314

(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:

L. SELLERS

MAY 12 2009

EXAMINER

Office Use Only

400152677804

04/27/09--01013--021 **25.00

FILED

09 MAY 11 AM 8:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

# COVER LETTER

**TO:** Registration Section
Division of Corporations

**SUBJECT:** Certified Mold Treatment, 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:

Clarence Marsden
(Name of Person)

Certified Mold Treatment, LLC
(Firm/Company)

17277 Allamanda Drive
(Address)

Sugarloaf Key, Florida 33042
(City/State and Zip Code)

For further information concerning this matter, please call:

Gary Marsden at ( 305 ) 879-1839
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- [x] $25.00 Filing Fee
- [ ] $30.00 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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2009

CLARENCE MARSDEN
17277 ALLAMANDA DRIVE
SUGARLOAF KEY, FL 33042

SUBJECT: CERTIFIED MOLD TREATMENT LLC
Ref. Number: L05000071314

We have received your document for CERTIFIED MOLD TREATMENT 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):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 909A00014268

# ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED
09 MAY 11 AM 8:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. The name of a limited liability company is
Certified Mold Treatment, LLC

2. The Articles of Organization were filed on 07/20/2005 and assigned document number L05000071314.

3. The date the dissolution was approved: 2/27/09.

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).

SEE ATTACHED LETTER
MY FATHER, CLARENCE, MARSDEN, OWNED THE COMPANY AND PASSED AWAY ON FEBRUARY 27th, 2009.
THANK YOU,
GARY MARSDEN

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 s. 608.4421.

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.

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

| Signature | Printed Name |
|---|---|
| [signature] | Gary Marsden |
| | |
| | |
| | |
| | |

**FILING FEE: $25.00**