# L050000 71964

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SECRETARY OF STATE

# **COVER LETTER**

TO: Registration Section
Division of Corporations

\_ Overbaugh Footer LLC

SUBJECT:

(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:

Daniel Overbaugh

(Name of Person)

Overbaugh Footer LLC

(Firm/Company)

450 Trader Rd

(Address)

LaBelle, FL 33935

(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Overbaugh

\_\_\_239

246-5106

(Name of Person)

(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			
	Overbaugh Footer LLC		•	
2.	The Articles of Organization were filed on March 2005 and assigned	i		
	document number LO5000071964			
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 receing Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the listed as the document's effective date on the Department of State's records.	Aca for Hi		e
4.	A description of occurrence that resulted in the limited liability company's dissolution purs 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	uant to	section	
	The trackhoe motor blew and 2 weeks later the truck started with major issues to the motor		, <b>6</b>	
	And my husband is 73 and his eyes are going bad because of macular degeration	AHASSE	MAY -7	
			A	- 1
		STATE LORIDA	9: 2/	1
5.	If there are no members, enter the name and address of the person appointed to wind up the activities and affairs:	compai	ny's	
			<u> </u>	
6. lis	Signature of an authorized person or if there are no members, the signature of the person appeted above to wind up the company's activities and affairs:	pointed	and	
	Signature Printed Name			

**FILING FEE: \$25.00** 

FILED