

LO6000025295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

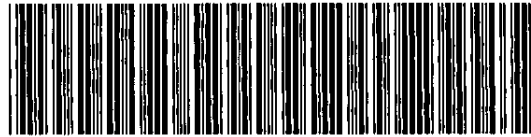
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Sequels

Office Use Only



800234857438

05/14/12--01035--004 **25.00

FILED

2012 JUN -5 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

JUN 6 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: McLellan Analytical Systems 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:

James McLellan

(Name of Person)

self

(Firm/Company)

502 3rd Avenue West

(Address)

Springfield, TN 37172

(City/State and Zip Code)

2012 JUN -5 AM 9:12
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

James McLellan

(Name of Person)

at (407) 920-6128

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$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

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

1. The name of a limited liability company is
McLellan Analytical Systems LLC

2. The Articles of Organization were filed on _____ and assigned document number

3. The date the dissolution was approved: 11/07/2011

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).

Lack of business; managing member moving out of state

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

James McLellan

FILED
2012 JUN -5 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE: \$25.00