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OFFICE OF THE CLERK OF SUPERIOR COURT

O SIMMONS

JAN 26 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DAVE SPENCER 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:

SANDRA SPENCER
(Name of Person)

(Firm/Company)

2682 NW 147TH ST.
(Address)

NEWBERRY, FL. 32669
(City/State and Zip Code)

For further information concerning this matter, please call:

SANDRA SPENCER at (352) 332-7522
(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

DAVE SPENCER LLC

2. The Articles of Organization were filed on ? and assigned

document number EIN # 22-3934538

3. The delayed effective date the dissolution if not effective on the date of filing: 12-31-16 ?
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

DAVE SPENCER IS DECEASED AS OF 2-25-16
SENDING COPY OF DEATH CERT.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

SANDRA SPENCER
2682 NW 147TH ST.
NEW BERRY, FL. 32669

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:

Sandra Spencer
Signature

SANDRA SPENCER
Printed Name

FILING FEE: \$25.00

17 JAN 23 PM 2:02
RECEIVED
JAN 23 2017

FILED

STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2016030604

DATE ISSUED: March 1, 2016

DECEDENT INFORMATION

STATE FILE DATE: February 29, 2016

NAME: DAVID WILLIAM SPENCER

DATE OF DEATH: February 25, 2016

SEX: MALE

AGE: 071 YEARS

DATE OF BIRTH: August 5, 1944

SSN: 385-44-3673

BIRTHPLACE: DETROIT, MICHIGAN, UNITED STATES

PLACE WHERE DEATH OCCURRED: INPATIENT

FACILITY NAME OR STREET ADDRESS: SHANDS AT UF

LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY, 32610

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: MARRIED

SPOUSE (IF FEMALE, MAIDEN NAME): SANDRA L CHESTER

RESIDENCE: 2682 NW 147TH STREET, NEWBERRY, FLORIDA 32669, UNITED STATES

COUNTY: ALACHUA

OCCUPATION, INDUSTRY: DEVELOPER, REAL ESTATE

RACE: ☒ White ☐ Black or African American ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Native Hawaiian☐ American Indian or Alaskan Native--Tribe:☐ Japanese☐ Korean☐ Vietnamese☐ Guamanian or Chamorro☐ Samoan☐ Other Pacific Isl:☐ Other Asian:☐ Other:☐ Unknown

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

EDUCATION: BACHELORS DEGREE

EVER IN U.S. ARMED FORCES? NO

PARENTS AND INFORMANT INFORMATION

FATHER: SAMUEL SPENCER

MOTHER: HELEN ABBOTT

INFORMANT: SANDRA L SPENCER

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 2682 NW 147TH STREET, NEWBERRY, FLORIDA 32669, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: WILLIAMS COLONIAL CREMATORY
GAINESVILLE, FLORIDA

METHOD OF DISPOSITION: CREMATION

FUNERAL DIRECTOR/LICENSE NUMBER: MARGARET E. DICKENS, F043157

FUNERAL FACILITY: WILLIAMS-THOMAS FUNERAL HOME - GAINESVILLE F040234
404 NORTH MAIN STREET, GAINESVILLE, FLORIDA 32601

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 hr): 0740

CERTIFIER'S NAME: UMAR GHAFFAR

CERTIFIER'S LICENSE NUMBER: ME101538

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT ENTERED



, State Registrar

REQ: 2016791965

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.

DH FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED

