

LD000000L4557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

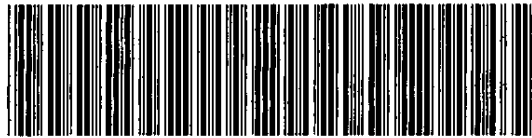
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



000178278250

04/28/10--01012--019 **25.00

FILED
10 APR 28 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

APR 30 2010

EXAMINER

4/2/10

Please see the attached form for Dissolution of LLC
+ check for \$25.00 filing fee.

Thankyou.

Kevin Ranson

6736 297th Ave. N.

Clearwater

FL. 33761

Ph: 727-688-5838.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WELD DESIGNS
(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:

KEVIN RANSON
(Name of Person)

WELD DESIGNS
(Firm/Company)

6736 297th AVENUE NORTH
(Address)

CLEARWATER, FL. 33761
(City/State and Zip Code)

For further information concerning this matter, please call:

KEVIN RANSON at (727) 688-5838
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> 30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

FILED
10 APR 28 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

WELD DESIGNS

2. The Articles of Organization were filed on 6/26/06 and assigned document number

L06000064557

3. The date the dissolution was approved: 4/1/10

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,

RETURNED TO FULL-TIME EMPLOYMENT.

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]

KEVIN RANSON