

L06000 106436

(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:

Office Use Only



600204049626

04/27/11--01024--007 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR 27 AM 11 16

N. Culligan APR 28 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRADITIONS MANAGEMENT STAFFING, 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:

BEN ATKINS

(Name of Person)

TRADITIONS MANAGEMENT STAFFING, LLC

(Firm/Company)

24641 US HWY 19 N

(Address)

CLEARWATER, FL 33763

(City/State and Zip Code)

For further information concerning this matter, please call:

BEN ATKNS

(Name of Person)

at (727) 723-3000

(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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR 27 AM 11:16

1. The name of a limited liability company is
TRADITIONS MANAGEMENT STAFFING, LLC

2. The Articles of Organization were filed on 11/02/06 and assigned document number
L06000106436

3. The date the dissolution was approved: 04/21/2011

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).

INACTIVE ENTITY

5. CHECK ONE:

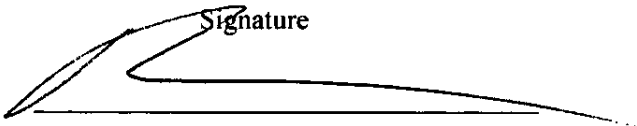
- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

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

Ben Atkins