012262

	_	
(Re	questor's Name)	
·		
(Ad	dress)	
()	,	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
/Du	siness Entity Nan	
(Bu	Silless Emity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	ŀ
Vin.		
- NO.		

Office Use Only



200108525542

08/30/07--01005--001 **25.00

COVER LETTER

Division of Corporations SUBJECT: Professional Touch Interior Painting Services 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: Cory Anderson (Name of Person) Professional Touch Interior Painting Services LLC (Firm/Company) 2413 Silver Palm Lane (Address) Tallahassee, FL 32309 (City/State and Zip Code) For further information concerning this matter, please call: (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$25.00 Filing Fee \$55.00 Filing Fee & \$60.00 Filing Fee, 30.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status &

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

COVER LETTER

Division of Corporations
SUBJECT: Professional Touch Interior Painting Services 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:
Cory Anderson
(Name of Person)
Professional Touch Interior Painting Services LLC
(Firm/Company)
2413 Silver Palm Lane
(Address)
Tallahassee,FL 32309
(City/State and Zip Code)
For further information concerning this matter, please call:
Cory Anderson at (850) 459-8667
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee 30.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certificate of Status (additional copy is enclosed) \$55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

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 FILEU FOR SECRETARY OF A LIMITED LIABILITY COMPANY ISLON OF SHEET ALTHUR.

07 AUG 30 PM 2: 42

1. The name of a limited liability company is Professional Touch Interior Painti	ng Services LLC
2. The Articles of Organization were filed on 02 L07000012262	2/02/2007 and assigned document number
3. The date the dissolution was approved: 09/0	5/07
4. A description of occurrence that resulted in the 608.441, Florida Statutes, (copy 608.441 on ba	limited liability company's dissolution pursuant to section ck cover letter). Onger wish to continue to own this business.
-OR- Adequate provision has been made for 6. All remaining property and assets have been dirights and interests. 7. CHECK ONE: There are no suits pending against the -OR-	the limited liability company have been paid or discharged. the debts, obligations and liabilities pursuant to s. 608.4421. stributed among its members in accordance with their respective company in any court. the satisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage Signature	ge of membership interests necessary to approve the dissolution: Printed Name
la lun	Cory Anderson
	

FILING FEE: \$25.00