

L 07 000026278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

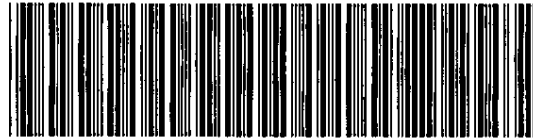
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/12/15--01018--011 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JAN 12 PM 4:50

FILED

E. Burch JAN 26 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DENNIS PATRICK HARTIGAN,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:

DENNIS HARTIGAN

(Name of Person)

DENNIS PATRICK HARTIGAN,LLC.

(Firm/Company)

37 LANAI CIRCLE

(Address)

NAPLES ,FLORIDA 34112

(City/State and Zip Code)

For further information concerning this matter, please call:

DENNIS HARTIGAN

(Name of Person)

at (239) 272-9772

(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:

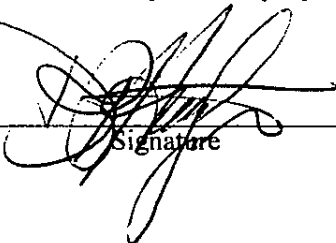
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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
DENNIS PATRICK HARTIGAN, LLC.
2. The Articles of Organization were filed on 03/09/2007 and assigned
document number 607000026878
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
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).
LOSS OF BUSINESS AND HEALTH OF OWNER / PRESIDENT
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: DENNIS HARTIGAN
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:


Signature

DENNIS HARTIGAN

Printed Name

FILING FEE: \$25.00

FILED
15 JAN 12 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: DENNIS PATRICK HARTIGAN, LLC.

Document number of Limited Liability Company is: L07000026278

Date of dissolution was: 12/31/2013

Description of information that must be included in a written claim:

HEALTH OF OWNER. LOSS OF BUSINESS ACCOUNTS

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15 JAN 12 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

37 LANAI CIRCLE NAPLES FLORIDA 34112

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

DENNIS HARTIGAN

Printed Name of the Person Filing

Dennis Patrick
Hartigan

Signature of the Person Filing

Digitally signed by Dennis Patrick Hartigan
DN: cn=Dennis Patrick Hartigan, LLC, ou=Dennis
Patrick Hartigan, LLC, c=US, email=Dennis.Patrick.Hartigan@llc.com
Date: 2015.01.06 06:10:44 -0500

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00