

**L07000045372**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

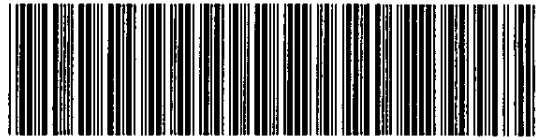
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**600118807176**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**MA Thomas FEB 27 2008**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ORAM'S Overall SERVICES LLC  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

George Oram  
(Name of Person)

Oram's Overall SVC, LLC  
(Firm/Company)

5609 W. Anthony Rd  
(Address)

Orlando FL 32819  
(City/State and Zip Code)

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For further information concerning this matter, please call:

George Oram at (352) 304 6764  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

p \$25.00 Filing Fee

p \$30.00 Filing Fee &  
Certificate of Status

p \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

p \$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**

1. The name of a limited liability company is

ORAM'S Overall Services, LLC

2. The Articles of Organization were filed on 5-9-07 and assigned document number

EIN- 20-8933046 Form 55-4

LOT 00045372

3. The date the dissolution was approved: 1-2-08

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).

after being injured at home & then  
having surgery - was unable to perform  
job tasks.

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. 608.442.

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.

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Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature George Oram 

Printed Name

GEORGE ORAM