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(R	equestor's Name)	
(A	ddress)	
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PICK-UP	☐ WAIT	MAIL
(B	susiness Entity Na	me)
(D	ocument Number)
Certified Copies	Certificate	s of Status
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MARTZ Plumbing, LLC (Name of Limited Liability Company)
(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:
Michael Martz
Michael Martz (Name of Person) Martz Plumbing, LLC (Firm/Company)
(Firm/Company)
20 Juniper Rd
(Address)
Debary, Fl 32713 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Keeley Martz at 407 494-8552 (Name of Person) (Area Code & Daytime Telephone Number)
(Mula Code & Daytime Telephone Number)
Enclosed is a check for the following amount:

MAILING ADDRESS:

\$25.00 Filing Fee and Certificate of Dissolution

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

□ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liab Martz P	Numbing, LLC.
2. The Articles of Organization	ion were filed on 07 19 07 and assigned
document number	<u> </u>
Note: If the date inserted in	the dissolution if not effective on the date of filing: $04/21/6$ we date cannot be prior to or more than 90 days later than date document is received for filing) in this block does not meet the applicable statutory filing requirements, this date will not ective date on the Department of State's records.
. A description of occurrence	ce that resulted in the limited liability company's dissolution pursuant to section, (copy 605.0707 on back cover letter).
	Run the business. Losing muney -
activities and affairs:	Keeley Martz 20 Juniper Rd Debary, Fl 30713
i. Signature of an authorized isted above to wind up the co	person or if there are no members, the signature of the person appointed and ompany's activities and affairs:
Signature	
Signature	Neinrad Nama : 13
	FILING FEE: \$25.00 Keeley Nari 2 Printed Name FILING FEE: \$25.00