

LO7000092286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

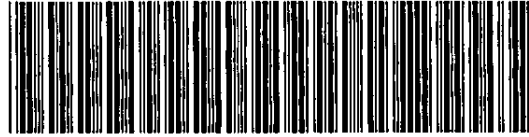
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Diss w/ Not.

Office Use Only



400270672854

03/19/15--01014--016 **25.00

CUS

EFFECTIVE DATE

3/31/15

SECRETARY OF STATE
TAMARA L. JONES, CLERK

15 MAR 19 PM 1:47

FILED

M. MILLIGAN
EXAMINER

APR 13 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DAVID SQUIRES, 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:

David Squires Jr

(Name of Person)

(Firm/Company)

P.O. Box 187

(Address)

Bondville, VT 05340

(City/State and Zip Code)

For further information concerning this matter, please call:

Cathrine Benson

(Name of Person)

415

516-9037

at (

(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

EFFECTIVE DATE

3/31/15

FILED
15 MAR 19 PM 1:47
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is:

DAVID SQUIRES, LLC

2. The Articles of Organization were filed on September 10, 2007 and assigned

document number L07000092286

3. The delayed effective date the dissolution if not effective on the date of filing: March 31, 2015
(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).

David Squires (Sr) has passed away

FL state death certificate # 2015031536

No business or assets exists

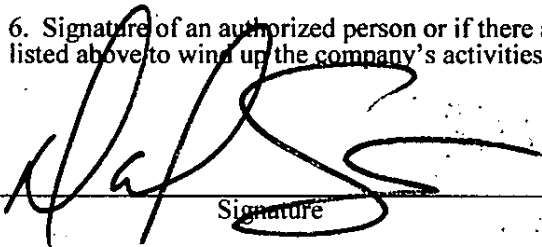
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

David Squires Jr

P.O. Box 187

Bondville, VT 05340

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

David Squires Jr

Printed Name

FILING FEE: \$25.00

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: DAVID SQUIRES, LLC

Document number of Limited Liability Company is: L07000092286

Date of dissolution was: Feb 25, 2015

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

Company Name, address, phone #, Name of owner, web site, email address

signed purchase order, invoices, item/service description, dates, prices, Sales/Service

agent(s) name and said agent(s) business phone #, business address, email address.

Fraudulent claims will be turned over to State prosecutors office

P.O. boxes for company, owner or agent NOT acceptable,

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

David Squires

P.O. Box 187

Bondville, VT 05340

RECEIVED
DIVISION OF STATE
CORPORATIONS
FLORIDA

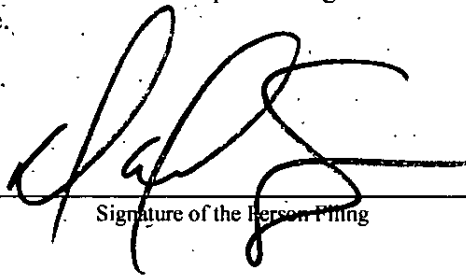
15 MAR 19 PM 1:47

FILED

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.

David Squires Jr

Printed Name of the Person Filing



Signature of the Person Filing

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