

LO7000106071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

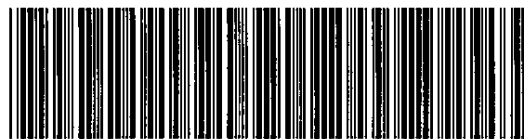
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 APR 10 PM 3:14

APR 11 2017
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Sam's Tractor Work

(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:

Samuel St John

(Name of Person)

Sam's Tractor Work

(Firm/Company)

14989 104th St

(Address)

Live Oak Fl 32060

(City/State and Zip Code)

For further information concerning this matter, please call:

Sam St John

(Name of Person)

at

(386) 362-8330

(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

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TALLAHASSEE, FLORIDA
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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Sam's Tractor Work

2. The Articles of Organization were filed on 4-5-17 and assigned

document number 207000106071

3. The delayed effective date the dissolution if not effective on the date of filing: N/A
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Stopped doing this type of work
because I got another job.

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

Sam St John
14989 104th St
Live Oak Fl 32060

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:

Samuel St John
Signature

Samuel St John
Printed Name

FILING FEE: \$25.00

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