

LO8 0000000290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 13, 2014

JASON DEAN  
1091 TWIN OAKS TRAIL  
WATKINSVILLE, GA 30677

SUBJECT: THE BEST PART DESIGN, LLC  
Ref. Number: L08000000290

We have received your document for THE BEST PART DESIGN, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline  
Regulatory Specialist II

Letter Number: 014A00003280

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE BEST PART DESIGN, 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:

JASON DEAN

(Name of Person)

THE BEST PART DESIGN

(Firm/Company)

1091 TWIN OAKS TRAIL

(Address)

WATKINSVILLE, GA 30677

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JASON DEAN

(Name of Person)

at ( 614 ) 832-8680

(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

TC

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

THE BEST PART DESIGN, LLC

2. The Articles of Organization were filed on 01-02-2008 and assigned

document number L08000000290

3. The delayed effective date the dissolution if not effective on the date of 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).

MOVED TO GEORGIA

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

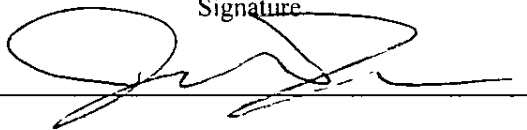
JASON DEAN

1091 TWIN OAKS TRAIL

WATKINSVILLE, GA 30677

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



Printed Name

JASON DEAN

**FILING FEE: \$25.00**

2014 MAR 17 PM 4:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## Notice of Limited Liability Company Dissolution

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: THE BEST PART DESIGN, LLC

Date of dissolution was: 01/01/2014

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

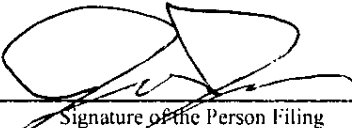
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

JASON DEAN  
THE BEST PART DESIGN  
1091 TWIN OAKS TRAIL  
WATKINSVILLE, GA 30677

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.

JASON DEAN

Printed Name of the Person Filing

  
Signature of the Person Filing