

LO80000 03977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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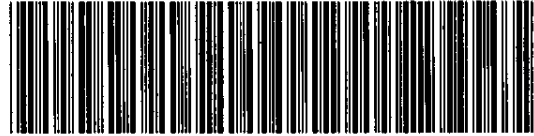
(Business Entity Name)

(Document Number)

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15 JAN 22 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 03 2015

4/1

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Referrals, 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:

Tony U Viejo
(Name of Person)
American Referrals, LLC
(Firm/Company)
203 N. Hwy 79, Suite A
(Address)
Panama City Beach, FL 32413
(City/State and Zip Code)

For further information concerning this matter, please call:

Tony U Viejo at (850) 234-5678
(Name of Person) (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**

1. The name of a limited liability company is

American Referrals, LLC

2. The Articles of Organization were filed on Jan. 11, 2008 and assigned

document number L08000003973

3. The delayed effective date the dissolution if not effective on the date of filing: 4/1/15 or before.
(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).

That company will no longer be active or working,

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

Tony Viojo

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

Tony V. Viojo
Printed Name

FILING FEE: \$25.00

15 JAN 22 PM 12:55
STATE OF FLORIDA
TALLAHASSEE