

L08000012746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

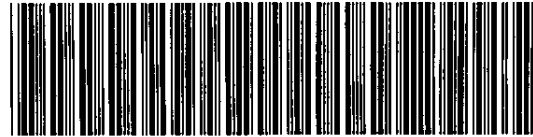
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/24/16--01046--005 **30.00

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16 NOV 14 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
NOV 14 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 25, 2016

NATHANIEL C LOVETTE
1804 E. ALABAMA ST.
PLANT CITY, FL 33563

SUBJECT: NATES A/C AND APPLIANCE REPAIR, L.L.C.
Ref. Number: L08000012746

RECEIVED
2016 NOV 14 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for NATES A/C AND APPLIANCE REPAIR, L.L.C. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE COMPLETE THE WRITTEN CLAIM, AND THE MAILING ADDRESS WHERE CLAIMS CAN BE SENT.

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 416A00022926

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16 NOV 14 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NATES AC & APPLIANCE REPAIR
(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:

NATHANIEL LOUETTE
(Name of Person)
NATES AC & APPLIANCE REPAIR
(Firm/Company)
1804 E. ALABAMA ST
(Address)
PLANT CITY, FL. 33563
(City/State and Zip Code)

For further information concerning this matter, please call:

NATHANIEL LOUETTE at (813) 503-7361
(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

FILED
16 NOV 14 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

NATES AC & APPLIANCE REPAIR

2. The Articles of Organization were filed on 10/20/2016 and assigned

document number _____

3. The delayed effective date the dissolution if not effective on the date of filing: 10/15/2016
(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).

MY BUSINESS DID NOT EARNED ENOUGH TO CONTINUE
AS A SOURCE OF INCOME,

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

NATHANIEL LOVETTE 813-503-7361

1804 E. ALABAMA ST

PLANT CITY, FL 33563

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:

NATHANIEL LOVETTE
Signature

NATHANIEL LOVETTE
Printed Name

FILING FEE: \$25.00

FILED
16 NOV 16 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

NATES AC & APPLIANCE REPAIR

Document number of Limited Liability Company is: _____

Date of dissolution was:

10/15/2016

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

DURING THE YEAR OF 2015 INCOME OF THE BUSINESS DROPPED OVER
OR ABOUT FIFTY PERCENT. STARTING OF YEAR 2016 BUSINESS
STILL AT A SLOW PACE. AT THIS TIME MUST SEEK FULL
TIME EMPLOYMENT TO PAY OFF DEBT.

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

1804 E ALABAMA ST
PLANT CITY, FL. 33563

FILED
16 NOV 14 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

[Signature]

Printed Name of the Person Filing

NATHANIEL LOVEITE

Signature of the Person Filing

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