

LO 300000 15714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Schofill & Buzbee Appraisals
(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:

Joel Garrett Buzbee
(Name of Person)

(Firm/Company)

P.O. Box 574

(Address)

High Springs, FL 32655
(City/State and Zip Code)

For further information concerning this matter, please call:

Joel Garrett Buzbee
(Name of Person)

at (352) 318-4700
(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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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Schofill & Buzbee Appraisals

2. The Articles of Organization were filed on 02/12/2008 and assigned
document number LO8000015714

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).

Owners elected to dissolve relationships.

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

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

Joel Garrett Buzbee

Printed Name

JOEL GARRETT BUZBEE

FILING FEE: \$25.00

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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