

L080000 17465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400256905004

03/17/14--01011--024 **25.00

FILED
TALLAHASSEE, FLORIDA
MAR 17 PM 10:01
2014

J. Shivers MAR 19 2014

3-13-14

We mailed the original on 3/3/14 but believe we failed to
enclose the check. Please find check enclosed.

Thank You.

Sandra Collins

(352) 303-6757.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COLLINS TREE SERVICE, 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:

DAVID COLLINS

(Name of Person)

COLLINS TREE SERVICE, LLC

(Firm/Company)

7211 CR 647CE

(Address)

BUSHNELL, FL 33513

(City/State and Zip Code)

For further information concerning this matter, please call:

SANDRA COLLINS

(Name of Person)

at (352) 303-6757

(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

Mailed
2/3/14

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

1. The name of a limited liability company is

COLLINS TREE SERVICE, LLC

2. The Articles of Organization were filed on 2/18/2008 and assigned

document number L08000017465

3. The delayed effective date the dissolution is 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).

OWNER /MANAGER SOLD HIS BUSINESS AND IS NO LONGER
DOING THIS TYPE OF WORK

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

DAVID COLLINS

7211 CR 647CE

BUSHNELL, FL 33513

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

David Collins

Printed Name

DAVID COLLINS

FILING FEE: \$25.00

FILED
TALLAHASSEE, FLORIDA
14 MAR 17 PM 12:01
2008