

LD80000396d1

(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:

'AUG 15 2012

L. SELLERS

Office Use Only



200238372202

08/13/12--01002--018 \*\*25.00

FILED  
12 AUG 13 PM 12:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Slavin Law Firm 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:

Mina P. Woltil

(Name of Person)

Woltil and Company, CPAs

(Firm/Company)

10707 - 66th Street North, Suite E

(Address)

Pinellas Park, Florida 33782

(City/State and Zip Code)

For further information concerning this matter, please call:

Mina Woltil

(Name of Person)

at ( 727 ) 545-1762

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
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

Slavin Law Firm LLC

2. The Articles of Organization were filed on May 1, 2008 and assigned document number L08000039611

3. The date the dissolution was approved: July 31, 2012

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

Managing Member, Aaron J. Slavin, ceased practicing law

5. **CHECK ONE:**

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. **CHECK ONE:**

- ☒ There are no suits pending against the company in any court.  
-OR-  
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

x [Signature] P.O. A  
Aaron Slavin

x Eryn Slavin  
Power of Attorney  
Aaron Slavin

FILED  
12 AUG 13 PM 12:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILING FEE: \$25.00