

L080000040081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

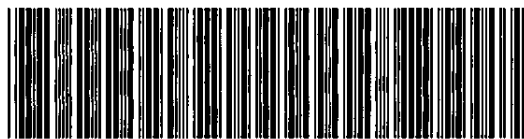
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

mailed
appropriate
form
3/21

Office Use Only



300257518993

03/11/14--01002--004 **25.00

FILED
14 MAR 10 PM 5:05
MILLIGAN

M. MILLIGAN
EXAMINER

MAR 21 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Amped up Services
(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:

Holly Voght

(Name of Person)

(Firm/Company)

4417 13th St pm b 342

(Address)

St Cloud, FL 34769

(City/State and Zip Code)

For further information concerning this matter, please call:

Holly Voght

(Name of Person)

at

(407) 593-2989

(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

FILED
14 MAR 10 PM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Ampedup Services

2. The Articles of Organization were filed on April 22, 2008 and assigned

document number LD8000040081

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).

Business closed

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

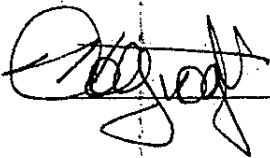
Holly Voght

4417 13th St.

PMB 342

St Cloud, FL 34769

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

Holly Voght

Printed Name

FILING FEE: \$25.00

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: Amped up Services

Document number of Limited Liability Company is: LD 800000 40081

Date of dissolution was: 12/31/13

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

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

4417 13th St
pmb 342
St Cloud, FL 34769

FILED
14 MAR 10 PM 5:00
STATE OF FLORIDA
TALLAHASSEE, FL 32302

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

[Signature]
Signature of the Person Filing

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