

108000041031

(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



100328444731

05/06/19--01013--020 **25.00

R. WHITE

MAY 16 2019

FILED
2019 MAY -6 PM 5:40
MAY 16 2019

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SUBJECT:

Willis Carpentry, Finished Carpentry & Painting
(Name of Limited Liability Company)

(Name of Limited Liability Company)

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

(Name of Person)

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(Area Code & Daytime Telephone Number)

☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

1. The name of a limited liability company is

Willis Carpentry, Finished Carpentry & Painting, LLC

2. The Articles of Organization were filed on _____ and assigned _____

document number LO8000041031

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)

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).

Retired

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

LOUIS WILLIS
3711 N. W. 169th TERR
OPA LOCK FL 33055

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:

Louis Willis

Signature

Louis Willis

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: _____

Document number of Limited Liability Company is: LD8000041031

Date of dissolution was: _____

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

Retired September 31, 2018

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

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.

Louis Willis
Printed Name of the Person Filing

Louis Willis
Signature of the Person Filing