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### **COVER LETTER**

IO:	Registration Section	
	Division of Corporations	

SUBJECT: Certified Inspection Services of S.W. FLorida L.L.C. (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:

Steven T Fontz (Name of Person)
(Frm/Company)
1211 NE 19th terr
Cape Coral, Florida 33909 (City/State and Zip Code)

For further information concerning this matter, please call:

Stevent Fontz at (239) 910-4145

(Name of Person) (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

1. The name of a limited liability company is
Certified Inspection Services of S.W. Florida L.L.C
2. The Articles of Organization were filed on $\frac{M_{a_1}}{2} = \frac{2.008}{0.008}$ and assigned
document number <u>LO80000442</u> 38
3. The delayed effective date the dissolution if not effective on the date of filing: March 315 2019 (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).
I Steven T Fontz No longer portorms home
inspections. I have taken a job with a different company.
different company.
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
2019
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TO THE STATE OF TH
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:
Staves T Faits MGRM
Steven T Fontz MORM Printed Name

FILING FEE: \$25.00