

108000046397

(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



500160358705

09/14/09--01013--008 **35.00

FILED
09 OCT -6 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

OCT 6 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: F.P.W. 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:

Ralph Powell
(Name of Person)

F.P.W. LLC
(Firm/Company)

6790 45th Street
(Address)

Vero Beach, FL 32967
(City/State and Zip Code)

FILED
09 OCT -6 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Ralph Powell at (772) 567 4888
(Name of Person) (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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 15, 2009

RALPH POWELL
6790 45TH ST
VERO BEACH, FL 32967

SUBJECT: F.P.W.L.L.C.
Ref. Number: L08000046397

FILED
09 OCT -6 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for F.P.W.L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 209A00030347

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

1. The name of a limited liability company is

F.P.W., LLC

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

L08000046397

3. The date the dissolution was approved: 12/31/08

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).

LLC never began - company did
not engage in any business
(608.441(c))

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

Ralph Powell

Printed Name

RALPH POWELL