

L08000048085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

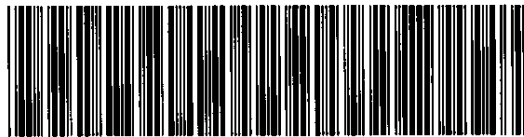
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/10/09--01046--003 \*\*25.00

09 JUN 17 PM 4:40

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

T. HAMPTON

JUN 18 2009

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** STWHOMEBIZ 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:

Stephen Whittle

(Name of Person)

STWHOMEBIZ LLC

(Firm/Company)

325 Stockton St

(Address)

Jacksonville FL 32204

(City/State and Zip Code)

For further information concerning this matter, please call:

Stephen Whittle

(Name of Person)

at ( 904 ) 389-4521

(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

RECEIVED

09 JUN 17 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

June 11, 2009

STEPHEN WHITTLE  
325 STOCKTON ST  
JACKSONVILLE, FL 32204

SUBJECT: STW HOME BIZ, LLC  
Ref. Number: L08000048085

We have received your document for STW HOME BIZ, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the members having the same percentage of membership interests necessary to approve the dissolution or the revocation when filing articles of revocation of dissolution.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 409A00019789

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 JUN 17 PM 4:40

1. The name of a limited liability company is

STWHOMEBIZ LLC

2. The Articles of Organization were filed on Unknown 5/12/08 and assigned document number Unknown L88000048085

3. The date the dissolution was approved: 04/15/2009

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).

Company never really got started. Dissolution decision made on 4/15/09.

**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

Stephen Whittle

Printed Name

Stephen Whittle

**FILING FEE: \$25.00**