

LO 8000075640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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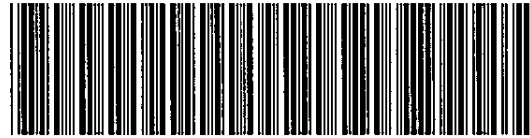
(Business Entity Name)

(Document Number)

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

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14 OCT 17 AM 7:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Stephens OCT 21 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The McCarter Group 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:

Steven McCarter  
(Name of Person)

The McCarter Group LLC  
(Firm/Company)

18916 Crescent Rd  
(Address)

Odessa FL 33556-4405  
(City/State and Zip Code)

For further information concerning this matter, please call:

Steve McCarter at ( 813 ) 240-8589  
(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

The McCarter Group LLC

2. The Articles of Organization were filed on August 6, 2008 and assigned

document number LO8000075640

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).

Bad economy ... I give up.

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

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

Steven L. McCarter

Printed Name

**FILING FEE: \$25.00**

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