208000081286

(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:				
	·			
OCT 2 9 2014				
	A. LUNT			
3 ~	Office Use Only			



100265705891

10/24/14--01011--008 **25.00

新年95下2年 PH 4: Ke

A TOTAL OF THE PARTY OF THE PAR

DAVID J. SIMMONS CO., A Legal Professional Association, L.L.C.

DAVID J. SIMMONS, J.D., M. TAX, L.L.M. (ESTATE PLANNING) BOARD CERTIFIED WILLS, TRUSTS & ESTATES (OHIO & FLORIDA) FELLOW AMERICAN COLLEGE OF TRUST AND ESTATE COUNSEL MEMBER OF OHIO, FLORIDA & NEW YORK BARS PHONE: 330.499.8899 FAX: 330.499.1714

E-MAIL: dsimmons@djsestatelaw.com

October 20, 2014

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 2814 86T 24 PH 4: 28

Re:

Blanche M. Downs Limited Liability Company

Document #L08000081286

Dear Sir or Madam:

Enclosed is an executed original and copy of Articles of Dissolution for the abovementioned limited liability company. Please file the original and return a time-stamped copy to in the stamped envelope provided. Also, enclosed is a check fo r.

Thank you for your assistance in this matter.

Very truly yours

Michael A. Ross

Enclosures

G:\common\DOWNS\llc docs\2014-10-20 ltr to Florida Dept of State.wpd

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJEC	F. Louise Benson Limited Liability	Company				
SCHOLA		ed Liability Company)				
 .		. 10 . 70				
The encl	losed Articles of Dissolution and fee(s) are submitt	ed for filing.				
Please re	cturn all correspondence concerning this matter to	the following:				
	Micheal A. Ross					
	(Name of Person)					
	David J. Simmons Co.					
(Firm/Company)						
	4690 Munson St., Suite B					
	(Address)				
	Canton, Ohio 44718					
	(City/Stat	te and Zip Code)				
For furth	er information concerning this matter, please call:					
	Michael A. Ross	330 499-8899				
•	(Name of Person)	(Area Code & Daytime Telephone Number)				
Enclosed i	is a check for the following amount:					
7	\$25.00 Filing Fee and Certificate of Dissolution	\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)				
	MAILING ADDRESS:	STREET/COURIER ADDRESS:				
	Registration Section	Registration Section				
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is F. Louise Benson Limited Liability Company	· 公宝			
2.	The Articles of Organization were filed on August 25, 2008 and assigned document number L0800008126	722 (7) 74		3	
3.	The delayed effective date the dissolution if not effective on the date of filing:	ed for filir	īg)		
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 505.0707, Florida Statutes, (copy 605.0707 on back cover letter). Unanimous vote of members.				
			_		
5.	If there are no members, enter the name and address of the person appointed to wind up the c	ompany	 ''s		
	activities and affairs:				
	-	<u></u>	- -		
6. list	Signature of an authorized person or if there are no members, the signature of the person appointed above to wind up the company's activities and affairs:	ointed a	nd		
0	Witance L. Brantley, Co-Trusto Signature Printed Name	9 6			

FILING FEE: \$25.00

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	. The name of a limited liability company is	
	F. Louise Benson Limited Liability Compan	у .
2.	. The Articles of Organization were filed on August	25, 2008 and assigned
	document number L0800008126	
3.	The delayed effective date the dissolution if not effe	ective on the date of filing:
4.	A description of occurrence that resulted in the limit 605.0707, Florida Statutes, (copy 605.0707 on back	ted liability company's dissolution pursuant to section cover letter).
	Unanimous vote of members.	
		- TE
_	If there are no members outsithe name and address	of the page annihited to wind up the comment.
5. If there are no members, enter the name and address of the person appointed to wind up the compar		
	activities and affairs:	
	- <u></u>	
6. lis	Signature of an authorized person or if there are no noted above to wind up the company's activities and aff	nembers, the signature of the person appointed and fairs:
0	nstance L. Brantley Signature	Constance L. Brantley, Co-Trustee
	Nicroature /	Printed Name

FILING FEE: \$25.00