

L08000110999

(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



500238188705

08/08/12--01007--017 **35.00

FILED
2812 AUG 27 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W

J. BRYAN

AUG 28 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 15, 2012

ELIZABETH D HARDISON
AV*LIFT LLC
3197 ROYAL BIRKDALE WAY
PORT ORANGE, FL 32128

SUBJECT: AV*LIFT LLC
Ref. Number: L08000110999

FILED
2012 AUG 27 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for AV*LIFT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

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) 245-6051.

Joey Bryan
Regulatory Specialist II

Letter Number: 012A00021025

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

AV^o LIFT, 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:

Elizabeth D. Hardison
(Name of Person)

AV^o LIFT, LLC
(Firm/Company)

3197 Royal Birkdale Way
(Address)

Port Orange, FL 32128
(City/State and Zip Code)

FILED
2012 AUG 27 PM 3:41
TALLAHASSEE, FL
SECRETARY OF STATE

For further information concerning this matter, please call:

Elizabeth D. Hardison at (913) 302-7140
(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)

(Already paid
\$35.00)

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

FILED
2012 AUG 27 PM 3:41
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

AV-LIFT, LLC

2. The Articles of Organization were filed on 12-03-08 and assigned document number

108000110999

3. The date the dissolution was approved: 07-01-2012

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).

Clients needs AV-LIFT, LLC serviced are no longer needed.

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

E. Hardison
D. Ulrich

Printed Name

ELIZABETH D HARDISON
DONALD K. ULRICH