

L090000010437

(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



600271034506

03/31/15--01012--016 **25.00

RECEIVED
15 MAR 31 PM 2:33
TALLAHASSEE, FLORIDA

V/D
APR 20 2015

R. WHITE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Busted Bone, 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:

Mark Powers
(Name of Person)

(Firm/Company)

9077 S. Federal Highway
(Address)

Port St. Lucie, FL 34952
(City/State and Zip Code)

For further information concerning this matter, please call:

Shanna Mason
(Name of Person)

at (772) 359-7893
(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

Busted Bone, LLC

15 MAR 31 PM 2:32

2. The Articles of Organization were filed on

February 2, 2009

STATE OF FLORIDA
TALLAHASSEE

and assigned

document number

L09000010437

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).

Operating Loss

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

Mark Powers

9077 S. Federal Highway

Port St. Lucie, FL 34952

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:

Mark Powers

Signature

Mark J. Powers

Printed Name

FILING FEE: \$25.00