

LOS 000010460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 03 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **BOBBIE SUZE LIMITED LIABILITY COMPANY L09000010460**  
\_\_\_\_\_  
(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:

**Christopher C Wyman**

\_\_\_\_\_  
(Name of Person)

**BOBBIE SUZE LIMITED LIABILITY COMPANY L09000010460**

\_\_\_\_\_  
(Firm/Company)

**1482 Caird Way**

\_\_\_\_\_  
(Address)

**Palm Harbor, Florida 34683**

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

**Christopher C Wyman**

\_\_\_\_\_  
(Name of Person)

**727**

**599 4791**

at (

\_\_\_\_\_) \_\_\_\_\_  
(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  
**BOBBIE SUZE LIMITED LIABILTY COMPANY**
2. The Articles of Organization were filed on 02/01/2009 and assigned  
document number L09000010460
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).  
The LLC has not actively operated in a few years.

Rental costs prohibited making a profit.

Owner lost interest.

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

1482 Caird Way, Palm Harbor, Fl 34683

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:

Christopher C Wyman  
Signature

Christopher C Wyman  
Printed Name

**FILING FEE: \$25.00**