

LD9000021040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

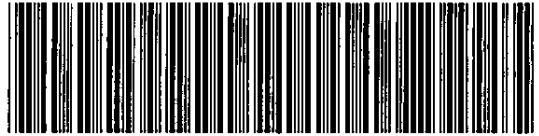
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FILED
2010 MAR 17 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAR 18 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BARTA CLNC & ASSOCIATES, 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:

SUSAN BARTA

(Name of Person)

(Firm/Company)

3618 CASEY JONES DRIVE

(Address)

VALRICO, FL 33594

(City/State and Zip Code)

For further information concerning this matter, please call:

SUSAN BARTA

(Name of Person)

at (813) 362-4190

(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)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 5, 2010

SUSAN BARTA
3618 CASEY JONES DR.
VALRICO, FL 33594

SUBJECT: BARTA, CLNC & ASSOCIATES, LLC
Ref. Number: L09000021040

We have received your document for BARTA, CLNC & ASSOCIATES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the members having the same percentage of membership interests necessary to approve the dissolution or the revocation when filing articles of revocation of dissolution.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 610A00005520

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
2010 MAR 17 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
BARTA CLNC & ASSOCIATES, LLC

2. The Articles of Organization were filed on 03/03/09 and assigned document number
L09000021040

3. The date the dissolution was approved: 02/26/10

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).

DISCONTINUED BUSINESS IN THE STATE OF FLORIDA

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

Susan L Barta

Printed Name

SUSAN L BARTA