

L09000024443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

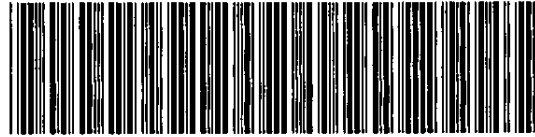
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400176313974

05/07/10--01006--001 \*\*25.00

FILED

10 MAY -6 AM 8:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

No \$

J. BRYAN

MAY -7 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Home Services Referral Network  
(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:

SCOTT STREPINA  
(Name of Person)

(Firm/Company)

3318 W. SAN PEDRO ST.  
(Address)

TAMPA, FL. 33629  
(City/State and Zip Code)

10 MAY - 6 AM 8:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

SCOTT STREPINA  
(Name of Person)

at (813) 732-1914  
(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

April 28, 2010

SCOTT STREPINA  
3318 W. SAN PEDRO ST.  
TAMPA, FL 33629

SUBJECT: HOME SERVICES REFERRAL NETWORK, LLC  
Ref. Number: L09000024443

FILED  
10 MAY -6 AM 8:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for HOME SERVICES REFERRAL NETWORK, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 310A00010490

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED  
10 MAY - 6 AM 8:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Home Services Referral Network

2. The Articles of Organization were filed on 3/12/2009 and assigned document number

L0900002443

3. The date the dissolution was approved: 4/13/2010

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).

NO BUSINESS CONDUCTED UNDER LLC AND NO FUTURE  
EXPECTATIONS OF BUSINESS BEING CONDUCTED UNDER LLC,

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

Scott Strepina

Printed Name

SCOTT STREPINA