

109000030258

(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



900153410779

05/01/09--01032--011 **25.00

FILED
2009 MAY - 1 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

MAY - 4 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Best Helpers 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:

Melissa Ramirez
(Name of Person)

The Best Helpers LLC
(Firm/Company)

1830 Dr MK Jr Street N
(Address)

apt 210 St Petersburg FL 3370
(City/State and Zip Code)

2009 MAY - 1 PM 12:26
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Melissa Ramirez at (727) 768-5909
(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)

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

The Best Helpers LLC.

2. The Articles of Organization were filed on March 27 2009 and assigned document number

209000030258

3. The date the dissolution was approved: 4/27/09

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).

health issues in the family

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 section 608.442.

6. All remaining property and assets have been distributed among its members in accordance with the 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.

2009 MAY -1 PM 12:26
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Melissa Ramirez

Printed Name

Melissa Ramirez

FILING FEE: \$25.00