# LB9000030517

(Re	equestor's Name)		
(Address)			
(Ac	ddress)		
(Ci	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Do	ocument Number)	)	
Certified Copies	Certificate	s of Status	
Special Instructions to Filing Officer:			
<u> </u>			

Office Use Only



400168441404

02/22/10--01020--007 \*\*35.00



C. LEWIS

YMAL 18. 2010

EXAMINER



### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 23, 2010

LAWRENCE J. FERRARO FORECLOSURE MAINTENANCE SERVICES, LLC 3267 81ST CT E BRADENTON, FL 34211

SUBJECT: FORECLOSURE MAINTENANCE SERVICES, L.L.C.

Ref. Number: L09000030517

We have received your document for FORECLOSURE MAINTENANCE SERVICES, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

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.

Letter Number: 910A00004513

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

#### **COVER LETTER**

•	·
	ation Section n of Corporations
SUBJECT:	FORECLOSURE MAINTENANCE SENVICES, L.L.C
	(Name of Limited Liability Company)
The enclosed As	rticles of Dissolution and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	LAWRENCE J FERRARD (Name of Person)
	(Firm/Company)
	- 22709 NIGHT HERO WAY
•	(Address)  ONDOENTON FLORIDA 3 9202  (City/State and Zip Code)
	(City/State and Zip Code)
For further info	mation concerning this matter, please call:
	(Name of Person) at (632) 436-488 (Area Code & Daytime Telephone Number)
Enclosed is a chee	ck for the following amount:
\$25.00 Filing F	See 30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  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

FILED 2010 HAR 17 AM 180 49

SECRETARY OF STATE
TAI LAHASSEE, FLORIDA

1. The name of a limited liability company is	TALLAHASSEE
. FORECLOSURE M DINT	ENANCE DEMINES L.LC.
2. The Articles of Organization were filed on 3/2	and assigned document number
3. The date the dissolution was approved:3-	17-10
4. A description of occurrence that resulted in the lim 608.441, Florida Statutes, (copy 608.441 on back of	nited liability company's dissolution pursuant to section cover letter).
Deciden 12 Ciose	Bus; Stess
5. CHECK ONE:	
-OR-	e limited liability company have been paid or discharged. e debts, obligations and liabilities pursuant to s. 608.4421.
<del></del> · ·	buted among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the con	npany in any court.
	e satisfaction of any judgment, order or decree which may be
gnatures of the members having the same percentage of	of membership interests necessary to approve the dissolution:
Signature	Printed Name
Larme J. Jenes	LAWRENCE J FERMO
& and Brown	JAMES P. KNOERZON