

LOG 0000 33056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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08/02/16--01037--004 **60.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AUG 23 2015
J BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2016

JIM MOSLEY
5100 PINETREE DR
FT. PIERCE, FL 34982

SUBJECT: JIM MOSLEY PROCESS SERVICE LLC
Ref. Number: L09000033056

We have received your document for JIM MOSLEY PROCESS SERVICE LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 416A00016339

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tim Mosley Process Service LLC

DOCUMENT NUMBER: L09000033056

The enclosed Notice of Limited Liability Company Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tim Mosley
(Name of Contact Person)

Tim Mosley Process Service LLC
(Firm/Company)

5100 Pinetree Dr.
(Address)

Ft. Pierce, FL 34982
(City/State and Zip Code)

For further information concerning this matter, please call:

Tim Mosley at (772) 971 7945
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy
(Additional copy is enclosed) | <input checked="" type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is enclosed) |
|--|---|---|--|

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment 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

Jim Mosley Process Service LLC

2. The Articles of Organization were filed on 04/03/09 and assigned

document number L09000033056

3. The delayed effective date the dissolution if not effective on the date of filing: 7/1/2016
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Retirement of Owner

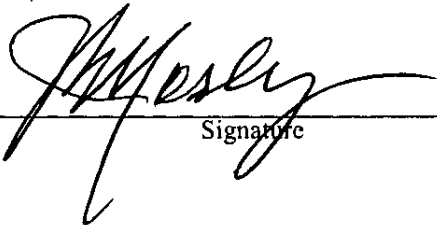
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Jimmy L. Mosley

5100 Pinetree Drive

Ft. Pierce, FL 34982

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:


Signature

Jimmy L. Mosley
Printed Name

FILING FEE: \$25.00

2016 AUG 12 2:11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Tim Mosley Process Service

Document number of Limited Liability Company is: 409000033056

Date of dissolution was: 7/1/2016

Description of information that must be included in a written claim:

NAME OF PLAINTIFF + ADDRESS
DATE OF CLAIM
AMOUNT OF CLAIM AND REASON FOR CLAIM

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Tim Mosley
5100 Pinetree Dr
Ft. Pierce, FL
34982

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Timothy L. Mosley
Printed Name of the Person Filing

[Signature]
Signature of the Person Filing