

LD9000049078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2014 MAY -1 PM 3:00
TREASURY OF FLORIDA
PALM BEACH COUNTY

MAY 07 2014

J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fontaine's Handyman Services 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:

Yoandris Fontaine

(Name of Person)

Fontaine's Handyman Services LLC

(Firm/Company)

1181 19th St SW, Naples FL 34117

(Address)

Naples FL 34117

(City/State and Zip Code)

For further information concerning this matter, please call:

Yoandris Fontaine

(Name of Person)

at (239) 601-6308

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

— \$55.00 Filing Fee, Certificate of Dissolution &
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

FILED
2014 MAY - 1 PM 3:00
TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

Fontainès Handyman Services LLC

2. The Articles of Organization were filed on May 19th, 2009 and assigned

document number LO9000049078

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

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).

not longer in business. No work, no job no open
agreement. Not providing service at all.

7 7 7 7

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

There is no members and there will
be nobody that will end up with company
activities or affairs. Closed.

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:

Fontaine

Signature

Yoandris Fontaine

Printed Name

FILING FEE: \$25.00

FILED
CLERK OF DISTRICT COURT
HALL COUNTY, FLORIDA

2014 MAY -1 PM 3:00