

L0900005/382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

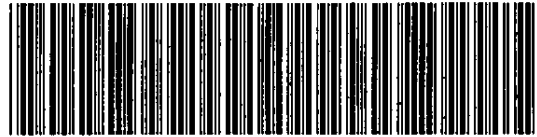
Special Instructions to Filing Officer:

A. LUNT

APR - 7 2010

EXAMINER

Office Use Only



400172022984

03/16/10--01016--001 **25.00

FILED
2010 APR - 6 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 17, 2010

BRIAN WISE
6670 SE 96TH PL RD
BELLEVIEW, FL 34420

SUBJECT: BRIAN WISE LLC
Ref. Number: L09000051382

We have received your document for BRIAN WISE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 210A00006660

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brian Wise 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:

Brian Wise

(Name of Person)

(Firm/Company)

6670 SE 96th Pl Rd

(Address)

Belleview FL 34420

(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 APR -6 PM 2:04

FILED

For further information concerning this matter, please call:

Brian Wise

(Name of Person)

at (352) 347-3047

(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**

FILED
2010 APR -6 PM 2:04
SECRETARY OF STATE
TALLAHASSEE-FLORIDA

1. The name of a limited liability company is

Brian Wise LLC

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

LO9000051382

3. The date the dissolution was approved: _____

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).

LLC were Recuirments for Employment
with U.S Instilations they did not hire
me there for have NO Need for LLC. Thank you

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

Brian Wise

Printed Name

Brian Wise