## L09000052031

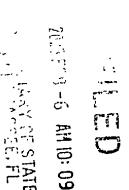
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## **COVER LETTER** . .

**TO:** Amendment Section

**Division of Corporations** DISSOFALION SUBJECT: DOCUMENT NUMBER: L0900052031 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) ALLAN OLSON A, AND T, RECOVERY, LLC

(Firm/Company) 2912 CENTURY DAK CIR MALABAR FL. 32950 (Address) MALAR KL 32950
(City/State and Zip Code) For further information concerning this matter, please call: ALLAN OLSON at (321) 4121160

(Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: □ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional copy is enclosed) enclosed) Street Address: Mailing Address: Amendment Section **Amendment Section Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303



January 19, 2023

ALLAN OLSON 2912 CENTURY OAK CIRCLE MALABAR, FL 32950

SUBJECT: A. AND T. RECOVERY, LLC

Ref. Number: L09000052031

We have received your document for A. AND T. RECOVERY, LLC 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 FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

FEB - A 2023

Letter Number: 523A00001331

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2023 F5B -6 AH 10: 09

1. The name of a limited liabilit		•	Day.
<u> </u>	AND T. RECU	IVERY, LLC	TAILY OF STATE
		5/28 2009 ar	nd assigned
document number <u>L09</u>	000052031	-	
3. The delayed effective date the teffective d Note: If the date inserted in the listed as the document's effecti	is block does not meet the a	applicable statutory filing requ	ment is received for thing)
4. A description of occurrence to 605.0707, Florida Statutes, (co	hat resulted in the limited opy 605.0707 on back co	d liability company's dissol over letter).	ution pursuant to section
END BUS	• •		
			<del></del>
		-	
5. If there are no members, ente	r the name and address of	f the paragraph appointed to the	and up the commence
	NONE	is the person appointed to w	and up the company s
activities and affairs:	110010		
	· · · · · · · · · · · · · · · · · · ·		
		·	
<ol> <li>Signature of an authorized peabove to wind up the company's</li> </ol>	rson or if there are no me activities and affairs:	embers, the signature of the	person appointed and listed
Allan Olso	<b>^</b>	ALLAN (	JLSON
Signature	<del></del>	Printed Na	me

FILING FEE: \$25.00