L0900009/335

(Re	questor's Name)	
(Ad	dress)	
	diago	
(Au	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TAIL AHASSEE FLORING

JAN 2 4 2014



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SERVOIA VILLA SORVICES 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:

NICHOL	AS J.	FLIN	Γ		
· (Name of Person)					
Sequ	DOIA VILL	a Sori	lices	LLe	
(Firm/Company)					
8297 C	2 NOITHAHL	GATE	BLD	# 174	
		(Address)			
HAMPIS	ONS GAT	E, FL	_ 338	896	
	(City/	State and Zip Code)			

For further information concerning this matter, please call:

NICHOLAS FLINT at (407) 414 0296
(Name of Person) (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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is SERVICES LLC				
2.	The Articles of Organization were filed on $\frac{\text{Sext 21}^{t}, 2009}{\text{200091335}}$ and assigned document number $\frac{\text{L 09000091335}}{\text{L 0900091335}}$				
3.	The delayed effective date the dissolution if not effective on the date of filing: $\frac{31}{2014}$				
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).				
	MANACING MOYBERS APPROVED SALE OF				
	THE ASSETS				
	TALL				
5.	If there are no members, enter the name and address of the person appointed to wind up the company's				
	activities and affairs:				
	mo P				
	FEST OF THE PERSON OF THE PERS				
	9 A.D.A.				
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:				
	Signature Printed Name				
\bigvee	while J. R. NICHOLAS FLINT				

FILING FEE: \$25.00