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(Re	questor's Name)	
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(Ad	dress)	
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/Cit	y/State/Zip/Phon	o #0
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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### **COVER LETTER**

TO:

Registration Section Division of Corporations

# TROPICAL MAINTENANCE SPECIALTY, LLC

SUBJECT

(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:

ANDREA FOX	
(Name of Person)	
FOX FIGURES INC	2010 DEC
(Fim/Company)	OEC OEC
373 WEST ALFRED STREET	და გაკ ლაკ —————————————————————————————————
(Address)	
TAVARES FL 32778	
(City/State and Zip Code)	7- CD

For further information concerning this matter, please call:

ANDREA FOX

<sub>at</sub> 239

641-4422

(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.	TROPICAL MAINTENANCE SPECIALTY, LLC	·	
2.	The Articles of Organization were filed on 12/29/2009	and assigned	
	document number L09000122628		
3.	The delayed effective date the dissolution if not effective on the date (effective date cannot be prior to or more than 90 days later Note: If the date inserted in this block does not meet the applicable statute listed as the document's effective date on the Department of State's records	ory filing requirements, this date will not be	æ
4.	A description of occurrence that resulted in the limited liability comp605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	pany's dissolution pursuant to section	
	BY CONSENT OF SINGLE MEMBER, SALLIE R DELUCANTONIO, T	HE LIMITED LIABILITY, 🝃	
	COMPANY HAS CEASED OPERATIONS	DEC.	
		SSE -	I
		FL ST	
5.	If there are no members, enter the name and address of the person are activities and affairs:	ppointed to wind up the company's	
6. lis	Signature of an authorized person or if there are no members, the signed above to wind up the company's activities and affairs:	gnature of the person appointed and	
/ C	Schill Wellicatoris SAL	Printed Name	. ترو

FILING FEE: \$25.00

# Notice of Limited Liability Company Dissolution

#### NOTE: This page is optional

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: TROPICAL MAINTENANCE SPECIALTY, LL	С	
Document number of Limited Liability Company is: L09000122628		
Date of dissolution was: 01/01/2019		
Description of information that must be included in a written claim:		
SERVICES/PRODUCTS PROVIDED, DATE OF SERVICE/SALE		
—————————————————————————————————————		
ALLA DE		
AAD CE		
75 A D		
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)		
C/O SALLIE R DELUCANTONIO		
2072 45TH TERRACE SW		
NAPLES FL 34116		

SAUGE R DE LUCANTONTO Salie Rose Elucador :

Printed Name of the Person Filing

Signature of the Person Filing

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.

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00