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Division of Corporations
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Division of Corporations
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Account Name : PORTER, WRIGHT, MORRIS & ARTHUR
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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

LLC DISSOLUTION OR WITHDRAWAL
UNIVERSAL PROTECTION MANAGEMENT, LLC

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Page Count	02
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. HAMPTON

From: 552@porterwright.com

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Universal Protection Management, 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:

Mary Beth M. Clary

(Name of Person)

Porter Wright Morris & Arthur LLP

(Firm/Company)

9132 Strada Place, 3rd Floor

(Address)

Naples, FL 34108

(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Beth M. Clary

(Name of Person)

239

593-2959

at (

(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
Universal Protection Management, LLC
2. The Articles of Organization were filed on 2/5/2010 and assigned
document number L10000014338
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).
The written consent of all members of the company

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

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:


Signature

Stephen C. Gaffney
Printed Name

FILING FEE: \$25.00

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