

L10000014648

(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:

L. SELLERS

FEB - 4 2011

EXAMINER

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01/11/11--01023--006 **30.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 FEB - 3 PM 3:39

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: No Hands Please 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:

Judith E. Greathouse

(Name of Person)

Stretchies by Judith LLC

(Firm/Company)

4270 N Indianhead Road

(Address)

Hernando FL 34442-2839

(City/State and Zip Code)

For further information concerning this matter, please call:

Judith E. Greathouse

(Name of Person)

at (352) 341-1464

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2011

JUDITH E. GREATHOUSE
STRETCHIES BY JUDITH LLC
4270 N. INDIANHEAD ROAD
HERNANDO, FL 34442-2839

SUBJECT: NO HANDS PLEASE LLC
Ref. Number: L10000014648

We have received your document for NO HANDS PLEASE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 511A00001322

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

No Hands Please LLC

2. The Articles of Organization were filed on February 8, 2010 and assigned document number

L10000014648

3. The date the dissolution was approved: May 16, 2010

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).

The product being sold by this entity did not pan out.

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

Judith E. Greathouse

Printed Name

Judith E. Greathouse

FILING FEE: \$25.00

FILED
1 FEB - 3 PM 3:39
CLERK OF DISTRICT COURT
HALL COUNTY, FLORIDA