

L16 000 016762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

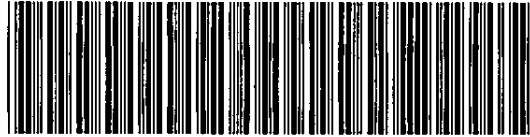
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/17/15--01023--015 **25.00

3 days FEB 23 2015

FILED
15 FEB 17 PM 2:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Julie's Equipment 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:

Julie Paige
(Name of Person)

Julie's Equipment LLC
(Firm/Company)

6120 Porter Rd
(Address)

Sarasota FL 34240
(City/State and Zip Code)

For further information concerning this matter, please call:

Julie Paige at (941) 465-0222
(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
Julie's Equipment LLC
2. The Articles of Organization were filed on 02/12/2010 and assigned
document number L10000016362
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).
Financial

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Julie Paige
6120 Porter Rd
Sarasota FL 34240

6. Signature of an authorized person or if there are no members, the signature of the person appointed as
listed above to wind up the company's activities and affairs:

Julie Paige
Signature

Julie Paige

Printed Name

FILING FEE: \$25.00

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CLERK OF STATE
TALLAHASSEE FLORIDA