

L1000000 22159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

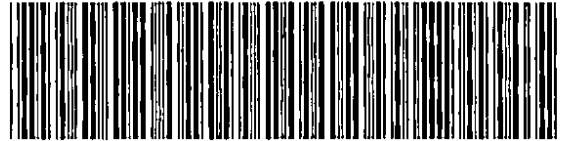
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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03/11/19 10:01:54 -04 \*\$25.00

R 11:03  
MAR 11 2019

FILED  
2019 MAR 11 PM 1:03  
STATE OF FLORIDA  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: David Payne & Associates 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:

David G. Payne Sr.

(Name of Person)

David Payne & Associates LLC

(Firm Company)

7323 Gaberia Road

(Address)

New Port Richey, FL 34655

(City/State and Zip Code)

For further information concerning this matter, please call:

David G. Payne Sr.

(Name of Person)

727

at (

463-5454

) (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)

Attached

### 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**

**FILED**

1. The name of a limited liability company is

David Payne & Associates, LLC

2019 MAR 11 PM 1:03

2. The Articles of Organization were filed on February 25, 2010

SECRETARY OF STATE  
TALLAHASSEE, FL  
and assigned

document number L10000022159

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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

I am retiring and hence, I'm dissolving my Buinesss.

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

David G. Payne Sr.

David G. Payne Sr.

7323 Gaberia Rd.

New Port Richey, Florida, 34655

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

David G. Payne Sr.

Printed Name

**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: David Payne & Associates, LLC

Document number of Limited Liability Company is: L10000022159

Date of dissolution was: 2/13/2019

Description of information that must be included in a written claim:

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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

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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.

David G. Payne Sr.

Printed Name of the Person Filing

David G. Payne Sr.

Signature of the Person Filing