

41000035522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

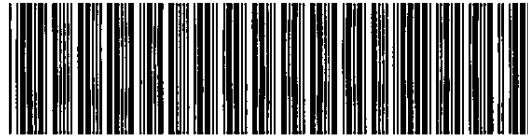
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JAN 28 2015
J. BRUCI

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Plum Living Support 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:

Anne B Davis

(Name of Person)

Plum Living Support LLC

(Firm/Company)

7334 Bowden Cir S

(Address)

Jacksonville, Florida, 32216

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas R Davis

(Name of Person)

at (904) 614-4824

(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

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TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

Plum Living Support LLC

2. The Articles of Organization were filed on March 31, 2010 and assigned

document number L10000035522

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 LLC is being dissolved because of lack of clients, no referrals from state

department of persons with disabilities.

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:

Anne B. Davis

Signature

Anne B Davis

Printed Name

FILING FEE: \$25.00

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SECRETARY OF STATE
ALACHUA COUNTY FLORIDA

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