

L100000045128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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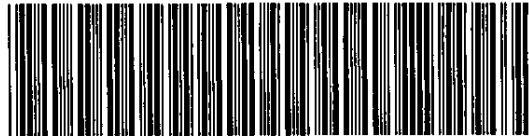
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AUG 09 2016
S. YOUNG

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Spradwells 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:

Douglass Paul Wells
(Name of Person)

(Firm/Company)

706 Dorado Ct.
(Address)

Brendon, FL 33511
(City/State and Zip Code)

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For further information concerning this matter, please call:

Douglass Wells at (813) 681-9813
(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

Spradwells LLC

2. The Articles of Organization were filed on April 27, 2010 and assigned

document number L10000045128

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).


Took a job in the private sector. No time to continue
the LLC

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

Douglass Wells
706 Dorado Ct
Brandon, FL
33511

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

DOUGLASS P. WELLS
Printed Name

FILING FEE: \$25.00

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

FIRST: The name of the limited liability company is: Spadwells LLC

SECOND: The Florida Document number of the limited liability company is: L10000045128

THIRD: The date of filing of the initial articles of organization is: April 27, 2010

FOURTH: The date of filing of the dissolution is: August 5, 2016

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.


Signature of Authorized Representative

Douglas P. Wells
Typed or printed name of signature

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Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)