

L10000013208

(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:

Office Use Only



700254908587

01/17/14--01021--020 **25.00

2014 JAN 17 PM 7:45
CLERK OF SUPERIOR COURT
ALLAHABAD, INDIA

3. 1. CK

JAN 21 2014

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **FLORIDA HAND TEAM & ASSOCIATES KENDALL 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:

RANDALL BROWNING

(Name of Person)

(Firm/Company)

14501 BRIM ROAD

(Address)

MIRAMAR, FL 33027

(City/State and Zip Code)

For further information concerning this matter, please call:

RANDALL BROWNING

(Name of Person)

at **954 552-0273**

(Area Code & Daytime Telephone Number)

TALLAHASSEE, FL

2014 JAN 17 PM 7:45

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:

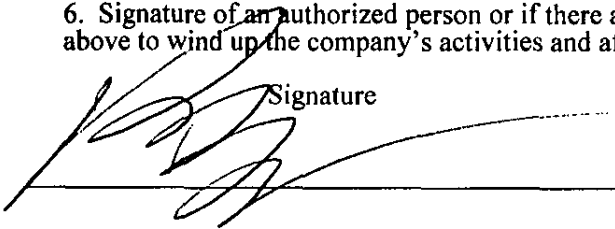
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of a limited liability company is
FLORIDA HAND TEAM & ASSOCIATES KENDALL LLC
2. The Articles of Organization were filed on 08/12/2008 and assigned
document number L10000073208
3. The delayed effective date the dissolution if not effective on the date of 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).
LOSS OF MEMBERSHIP

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: RANDALL BROWNING
14501 BRIM ROAD
MIRAMAR, FL 33027

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

Printed Name

RANDALL BROWNING

FILING FEE: \$25.00

2014 JAN 17 PM 7:45
ALLAHASSEE, FL 32009

Notice of Limited Liability Company Dissolution

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: FLORIDA HAND TEAM & ASSOCIATES LLC

Date of dissolution was: _____

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

LOSS OF MEMBERSHIP

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

RANDALL BROWNING

14501 BRIM ROAD


MIRAMAR, FL 33027

2014 JAN 17 PM 7:45
TALPAIN ASSOC. COURT.
TALPAIN ASSOC. COURT.
TALPAIN ASSOC. COURT.

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.

RANDALL BROWNING

Printed Name of the Person Filing


Signature of the Person

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00