

210000077881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

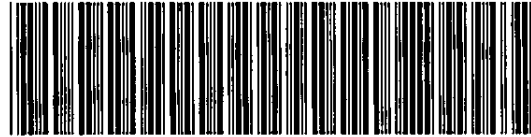
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600255281046

01/15/14--01019--007 **25.00

FILED
14 JAN 15 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1000 JAN 24 2014

8

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Martin and Doucet Holdings, 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:

Jeffrey B. Bock

(Name of Person)

Jeffrey B. Bock, P.A.

(Firm/Company)

5010 W. Carmen Street, Suite 2020

(Address)

Tampa, FL 33609

(City/State and Zip Code)

For further information concerning this matter, please call:

Jeffrey B. Bock

(Name of Person)

at (561) 392-8788

(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
Martin and Doucet Holdings, LLC
2. The Articles of Organization were filed on July 26, 2010 and assigned
document number L10000077881
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).

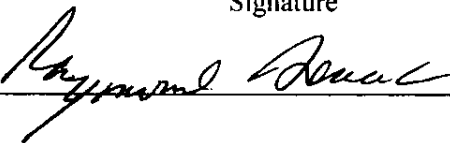
The consent of all members to dissolve the LLC.

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

Signature

Printed Name



Raymond Doucet, President / Doucet, Martin and Associates Inc.

FILING FEE: \$25.00

FILED
14 JAN 15 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Martin and Doucet Holdings, LLC

Date of dissolution was: _____

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

Name(s) and address(es) and nature of claim.

FILED
14 JAN 15 PM 12:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

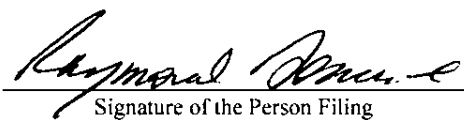
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

7120 Winding Bay Lane
West Palm Beach, FL 33412

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.

Raymond Doucet, President / Doucet, Martin and Associates, Inc.

Printed Name of the Person Filing


Signature of the Person Filing