

L10000099578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

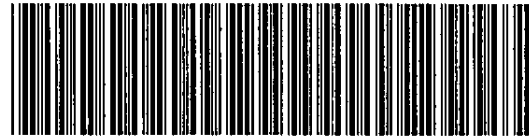
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/02/14--01019--004 **25.00

FILED
14 MAY 16 AM 10:29
SECURITY & STATE
TALLAHASSEE, FLORIDA

4.000000 MAY 22 2014

657



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2014

KEN ARENA
912 LITHIA PINECREST RD
BRANDON, FL 33511-6121

SUBJECT: WORK TREE LLC
Ref. Number: L10000098578

We have received your document for WORK TREE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 914A00009756

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Work Tree 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:

Ken Arena, EA

(Name of Person)

Ken Arena Accounting & Tax Service

(Firm/Company)

912 Lithia Pinecrest Road

(Address)

Brandon, FL 33511-6121

(City/State and Zip Code)

For further information concerning this matter, please call:

Ken Arena

(Name of Person)

813

341-2501

at (

(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

Work Tree LLC

2. The Articles of Organization were filed on September 21, 2010 and assigned

document number L10000098578

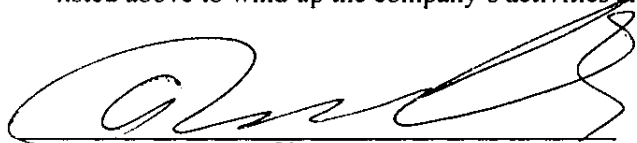
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

Written consent of LLC member to dissolve limited liability company.

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:



Signature

Andrew J. Rowlands

Printed Name

FILING FEE: \$25.00

FILED
14 MAY 16 AM 10:27
TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT