

210000113765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

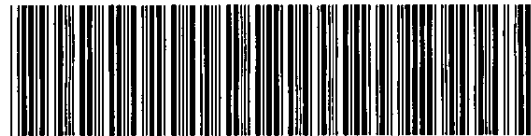
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/25/14--01031--012 **25.00

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2014 APR 25 PM 1:40
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

APR 30 2014
L. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Smart Details 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:

Michael Ortiz, Esq.

(Name of Person)

Michael Ortiz P.A.

(Firm/Company)

1430 South Dixie Highway, Suite 321

(Address)

Coral Gables, FL 33146

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Ortiz

(Name of Person)

at

305

665-5270

(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
SECRETARY OF STATE

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

1. The name of a limited liability company is
Smart Details LLC
2. The Articles of Organization were filed on 11/01/2010 and assigned
document number L10000113765
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 affirmative Consent of the Sole Member of Smart Details LLC to the dissolution
of Smart Details LLC, in accordance with F.S. § 605.0701(2).
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

Michael Ortiz
Printed Name

FILING FEE: \$25.00

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2014 APR 25 PM 1:46
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TALLAHASSEE FLORIDA