

L110000011800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

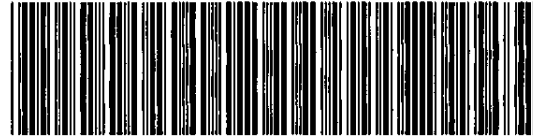
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2014 FEB 10 AM 6:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DAVID JENKINS PAINTING 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:

DAVID ALAN JENKINS  
(Name of Person)

DAVID JENKINS PAINTING LLC  
(Firm/Company)

1517 AVENUE C  
(Address)

ORONOND BEACH FL, 32174  
(City/State and Zip Code)

2014 FEB 10 AM 6:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

DAVID JENKINS at ( 386 ) 675-5384  
(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

DAVID JENKINS Painting LLC

2. The Articles of Organization were filed on 1-28-11 and assigned  
document number L11000011800

3. The delayed effective date the dissolution if not effective on the date of filing: 8-15-13

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).

I Am disabled and cannot work any longer

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

Printed Name

David Alan Jenkins

DAVID ALAN JENKINS

**FILING FEE: \$25.00**

**FILED**  
2014 FEB 10 AM 6:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA