# 11100013802

| (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



400209851604

07/14/11--01019--007 \*\*30.00

11 JUL 14 AH D: 46

D. BRUCE

D. BRUCE

EXAMINER

#### **COVER LETTER**

TO:

Registration Section Division of Corporations

### SUBJECT: THE MASTER'S HANDS ALL SURFACE RESTORATION, 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:

| James A. Shannon   |   |                                     |  |          |  |
|--|---|-------------------------------------|--|----------|--|
|  | <del></del>   |                                     |  |          |  |
| The Master's Hands All Surface Restoration, LLC (Closed) |   |                                     |  |          |  |
|  | (Firm/Company)  |                                     |  |          |  |
| 2877 South Edgehill L                                    | .ane  |                                     |  |          |  |
|  | (Address)   |                                     |  |          |  |
| Cooper City, Florida 3                                   | 3026  |                                     | Pri 1  |          |  |
| (Ci  | ity/State and Zip Code)                                 | 1 1 1                               | TAR JU   |          |  |
| For further information concerning this matter, pleas    | e call:   | ,                                   | JARY O   |          |  |
| James A. Shannon   | <sub>at (</sub> 954                                     | 270-9876                            | OF SI  | <u>;</u> |  |
| (Name of Person)   | (Area Coo   | de & Daytime Telephone I            | Number 16  |          |  |
| Enclosed is a check for the following amount:            |   |                                     |  |          |  |
| \$25.00 Filing Fee & Certificate of Status               | \$55.00 Filing Fee & Certified Copy (additional copy is | Certificat<br>s enclosed) Certified | ) Filing Fee,<br>te of Status &<br>Copy<br>(al 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

| J. The name of a limited liability company is The Master's Hands All Surface Restora   | ation, LLC   |
|--|--|
| 2. The Articles of Organization were filed on February L11000013802  | 2, 2011 and assigned document number   |
| 3. The date the dissolution was approved: July 11, 20  | 11   |
| 4. A description of occurrence that resulted in the limited li 608.441, Florida Statutes, (copy 608.441 on back cover l No business activity was ever conduct. | ability company's dissolution pursuant to section etter).  |
|  |  |
| 5. CHECK ONE:  |  |
| All debts, obligations and liabilities of the limite   | ed liability company have been paid or discharged.  , obligations and liabilities pursuant to s. 608.4421. |
| All remaining property and assets have been distributed a rights and interests.  |  |
| 7. CHECK ONE:  |  |
| There are no suits pending against the company -OR-Adequate provision has been made for the satisfa entered against it in any pending suit.                    | in any court. action of any judgment, order or decree which may be   |
| ignatures of the members having the same percentage of mem   | abership interests necessary to approve the dissolution:   |
| Signature/   | Printed Name   |
| ans le Stamon  | James A. Shannon <sub>⋝</sub>  |
|  | 11 JUL 14 AH ID: 46 ECRETARY OF STATE LLAHASSEE, FLORIDA   |
|  | HASSE ASSE   |
|  |  |
|  | AH D: 46   |
|  | ID <sub>A</sub>  |

FILING FEE: \$25.00