

L 11 000021126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

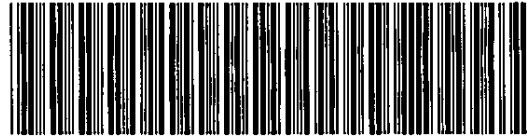
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000265405910

10/17/14--01006--003 \*\*25.00

FILED  
14 OCT 17 AM 7:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers OCT 21 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TOPside Walls & Ceilings 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:

Raymond Jones  
(Name of Person)  
TOPside Walls & Ceilings LLC  
(Firm/Company)  
511 Harbor Lights Dr  
(Address)  
Ormond Beach FL 32174  
(City/State and Zip Code)

For further information concerning this matter, please call:

Raymond Jones at 386 898-3443  
(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

TOP Side Walls & Ceilings LLC

2. The Articles of Organization were filed on 2/17/2011 and assigned

document number 1110000 21120

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).

NO WORK / Can't Find JOBS  
Have NO money

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

NONE CLOSED

6. Signature of an authorized person or if there are no members, the signature of the person appointed listed above to wind up the company's activities and affairs:

[Signature]  
Signature

Raymond  
Printed Name

JONES

**FILING FEE: \$25.00**

14 OCT 17 PM 7:23  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED