

211 0000 22588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: First Call Restoration of Central Florida
(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:

Brian Wohl
(Name of Person)

First Call Restoration of Central Florida
(Firm/Company)

244 OBrien Road
(Address)

Fern Park, FL 32730
(City/State and Zip Code)

For further information concerning this matter, please call:

Brian Wohl at (239) 398 4289
(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

First Call Restoration of Central Florida

2. The Articles of Organization were filed on 02/22/2011 and assigned

document number L11000022588

3. The delayed effective date the dissolution is 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).

combining companies

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

Brian Wohl

244 OBrien Road

Fern Park, FL 32730

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

Brian Wohl
Printed Name

FILING FEE: \$25.00

14 MAY 19 AM 11:09
STATE OF FLORIDA
TALLAHASSEE

FILED