

L11000037277

(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



000265080850

10/15/14--01003--013 **25.00

FILED
14 OCT 15 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 20 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Four Point Staffing 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:

Zachary M. Eastman

(Name of Person)

Zachary M. Eastman, P.C.

(Firm/Company)

1230 Peachtree Street, NE, Suite 3540

(Address)

Atlanta, Georgia 30309

(City/State and Zip Code)

For further information concerning this matter, please call:

Zachary M. Eastman

(Name of Person)

at (404 876-8900)

(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

Four Point Staffing LLC

2. The Articles of Organization were filed on March 18, 2011 and assigned

document number L11000033277

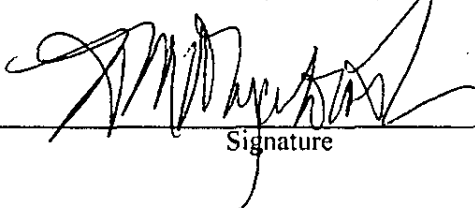
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

Consent of the Members to close the company.

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 listed above to wind up the company's activities and affairs:



Signature

Noelle Wojciehowski

Printed Name

FILING FEE: \$25.00

14 OCT 15 PM 9:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED