

L110000033447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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B. KOHR
AUG 23 2011
EXAMINER



200210878692

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

11 AUG 15 PM 4:15

RECEIVED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 15 PM 2:21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2011

STEPHANIE MILNES
CSC
TALLAHASSEE, FL

SUBJECT: MITCHELLS MAIDS, LLC
Ref. Number: L11000033447

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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We have received your document for MITCHELLS MAIDS, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

Please briefly describe the "occurrence that resulted in the dissolution" in Item 4. This description can be VERY brief.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 311A00019138



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 713068 7824748

AUTHORIZATION

COST LIMIT : \$ 25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 15 PM 2:21

ORDER DATE : March 17, 2011

ORDER TIME : 3:55 PM

ORDER NO. : 713068-005

CUSTOMER NO: 7824748

RESUBMIT

Please give original
submission date as file date.

DOMESTIC FILINGS

NAME: MITCHELLS MAIDS, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stephanie Milnes - EXT# 2920

EXAMINER'S INITIALS: _____

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
11 AUG 15 PM 2:31

1. The name of a limited liability company is
MITCHELLS MAIDS, LLC

2. The Articles of Organization were filed on 3/18/11 and assigned document number
L11000033447

3. The date the dissolution was approved: 8/9/2011

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
608.441, Florida Statutes, (copy 608.441 on back cover letter).

Filed in error, no business transactions.

5. CHECK ONE:

☐ All debts, obligations and liabilities of the limited liability company have been paid or discharged.

☒ ~~OR~~
Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective
rights and interests.

7. CHECK ONE:


☒ There are no suits pending against the company in any court.

☐ ~~OR~~
Adequate provision has been made for the satisfaction of any judgment, order or decree which may be
entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name



EDWARD MITCHELL, MEMBER