

# L11000038030

\_\_\_\_\_  
(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



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07/19/13--01004--008 \*\*25.00

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2013 AUG 15 PM 2:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan AUG 15 2013

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Communication Accommodations 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:

Nancy Page  
(Name of Person)

Communication Accommodations LLC  
(Firm/Company)

553 Longwood Circle  
(Address)

Oldsmar, FL 34677  
(City/State and Zip Code)

For further information concerning this matter, please call:

Nancy Page at (813) 453-9435  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

ρ \$25.00 Filing Fee

ρ \$30.00 Filing Fee &  
Certificate of Status

ρ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

ρ \$60.00 Filing Fee,  
Certificate of Status &  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 22, 2013

NANCY PAGE  
553 LONGWOOD CIRCLE  
OLDSMAR, FL 34677

SUBJECT: COMMUNICATION ACCOMMODATIONS LLC  
Ref. Number: L11000038030

We have received your document for COMMUNICATION ACCOMMODATIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date the dissolution was approved has to be before it is received in DOS office. That date was 07/19/13.

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) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 313A00017702

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Communication Accommodations LLC

2. The Articles of Organization were filed on 03/28/2011 and assigned document number

L11000038030

3. The date the dissolution was approved: Aug 1, 2013

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).

There are no members. (608.441(d))  
All agreed to dissolve (608.441(c))

**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

Nancy B Page

Printed Name

Nancy B. Page