

11000053453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

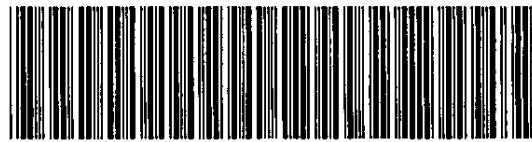
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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12/14/16--01005--011 \*\*25.00

K. SALY

JAN 10 2017

# ~ ~ HAGAN CPA Inc. ~ ~

3832-010 Baymeadows Rd. # 352 \* Jacksonville, FL 32217 \* [jo@johaganCPA.com](mailto:jo@johaganCPA.com)  
904.379.2245 \* FAX 904.379.2260

December 30, 2016

Florida Department of State  
Karen A Saly – Regulatory Specialist II

RECEIVED  
2011 JAN -6 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

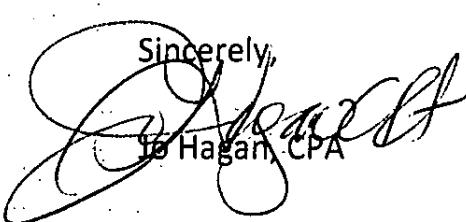
Dear Ms. Saly;

Attached is the requested forms completed for the dissolution of William G. Scarbrough, LLC. I have also included the original documents for your review.

If further information is required, please contact me at 904-379-2245. Mr. Scarbrough is in failing health, which is why he is retiring. These documents create confusion and stress. I am trying to minimize the impact of the adjustments he and his wife are trying to make.

Thank you for your cooperation.

Sincerely,

  
Jo Hagan CPA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 15, 2016

WILLIAM SCARBROUGH  
RE: WILLIAM G. SCARBROUGH, L.L.C.  
2040 STRATFORD DR.  
SARASOTA, FL 34232

SUBJECT: WILLIAM G. SCARBROUGH, L.L.C.  
Ref. Number: L11000053453

We have received your document for WILLIAM G. SCARBROUGH, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 216A00026709

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: William G. Scanbrough 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:

Jo Hagan CLT

(Name of Person)

Hagan CLT Inc.

(Firm/Company)

8975 San Rae Rd

(Address)

Jacksonville FL 32257

(City)State and Zip Code)

For further information concerning this matter, please call:

Jo Hagan CLT

(Name of Person)

at 904 379-2245

(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)

*Already paid*

**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

*Requested  
Doc from  
State*

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

William G. Scarbrough LLC

2. The Articles of Organization were filed on 5/2/2011 and assigned

document number L11000053453

3. The delayed effective date the dissolution if not effective on the date of filing: 6/18/2016  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Mr. Scarbrough retired

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

William G. Scarbrough  
Signature

William G. Scarbrough  
Printed Name

FILING FEE: \$25.00

FILED  
2011 JAN -6 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Requester Doc  
From State