

L11000071839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

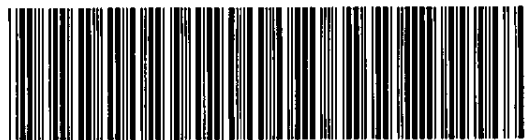
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4/21/16 Q5

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Articles of Dissolution for All Stars at Your School,  
(Name of Limited Liability Company) LLC

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael L. McClure  
(Name of Person)

All Stars at Your School, LLC  
(Firm/Company)

4845 Lincoln Road  
(Address)

Delray Beach, Florida, 33445  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael L. McClure at (561) 703-6360  
(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

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TALLAHASSEE, FL 32301  
SECRETARY OF STATE

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

1. The name of a limited liability company is

All Stars at Your School, LLC

2. The Articles of Organization were filed on 06/21/2017 and assigned

document number L11000071839

3. The delayed effective date the dissolution if not effective on the date of filing: Upon effective date of filing.  
(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).

The consent of all members. The company  
has had no business income since  
May 12, 2014.

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

Michael L. McClure  
4845 Lincoln Road  
Delray Beach, FL 33495

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TELETYPE UNIT  
STATE OF FLORIDA

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:

Michael L. McClure  
Signature

Michael L. McClure  
Printed Name

**FILING FEE: \$25.00**