

L11 0000 79475

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(Address)

(Address)

(City/State/Zip/Phone #)

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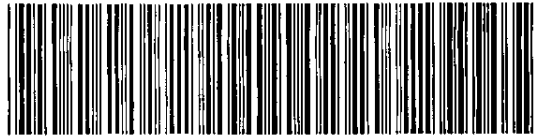
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

APR 30 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WORXITE Safety, LLC

DOCUMENT NUMBER: L110000079475

The enclosed Notice of Limited Liability Company Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alexander Delgado
(Name of Contact Person)

(Firm/Company)

628 CHARRICE PL.
(Address)

SANFORD FL 32771
(City/State and Zip Code)

For further information concerning this matter, please call:

Sharon Delgado at (407) 529-6095
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy
(Additional copy is enclosed) ☐ \$60 Filing Fee, Certificate of Status & Certified Copy
(Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment 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

WORXITE Safety LLC

2. The Articles of Organization were filed on 07/11/2011 and assigned

document number L11000019475

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).

Dissolution by written consent of all
members.

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

15 APR 22 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:



Signature

ALEXANDER DELGADO

Printed Name

FILING FEE: \$25.00