

L110006101000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

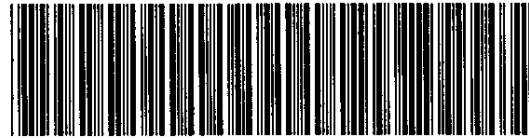
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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11/07/14--01018--004 **30.00

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14 NOV - 7 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 10 2014

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAXTER'S CLEANING SERVICE 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:

Patricia Baxter

(Name of Person)

(Firm/Company)

5700 Friendly St

(Address)

Cocoa, FL 32927

(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Baxter

(Name of Person)

321

at (

615-5803

) (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

Division of Corporations

I Patricia Baxter have been disable and on disability since the closing of my business.

I wrote this letter before and I am resubmitting due to computer saying I am still active. I have been out of business since September 2013.

Thank You for your time and looking into this for me.

Patricia Baxter 321-615-5803 if needed.

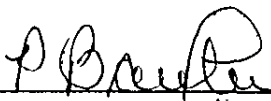
BT

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

1. The name of a limited liability company is
BAXTER'S CLEANING SERVICE LLC
2. The Articles of Organization were filed on September 01, 2011 and assigned
document number L11000101000
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).
Business Closed in September 2013.

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:


Signature

Patricia Baxter
Printed Name

FILING FEE: \$25.00

FILED
14 NOV - 7 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA