

L11000102402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

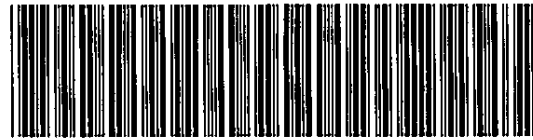
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100293674621

01/03/17--01013--028 \*\*25.00

FILED  
2017 JAN -3 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

JAN -4 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Florida Adoption Services, 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:

Brian J Welke

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

Brian Welke

(Name of Person)

at ( 352 ) 408-5671

(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

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

**FILED**  
2017 JAN -3 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Florida Adoption Services, LLC

2. The Articles of Organization were filed on 09/07/2011 and assigned

document number L11000102402

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)

**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).

Business Closure

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

Brian J. Welke

Printed Name

**FILING FEE: \$25.00**

**Notice of Limited Liability Company Dissolution**

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Florida Adoption Services, LLC

Document number of Limited Liability Company is: L11000102402

Date of dissolution was: 12/30/2016

Description of information that must be included in a written claim:

Name, date, incident detailed description, address and phone  
number of Claimant.

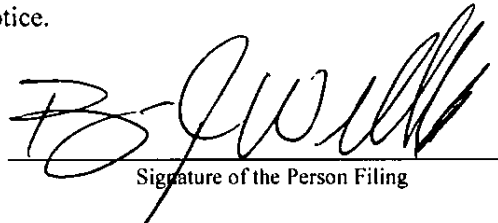
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

PO BOX 7800  
550 WESTMAIN STREET  
TAVARES, FL 32778

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Brian J. Welke

Printed Name of the Person Filing

  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**

**FILED**  
**2017 JAN -3 PM 1:52**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA