

#L11000106199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

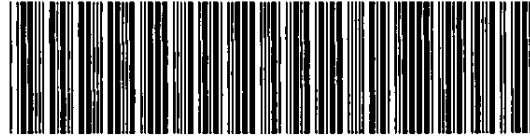
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/07/12--01004--017 **25.00

FILED

12 SEP -7 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
SEP 10 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MR. SANDMAN BLASTING, 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:

MISHELLE MCPHERSON
(Name of Person)
SIGN DESIGN
(Firm/Company)
PO Box 573
(Address)
EASTPOINT, FL 32320
(City/State and Zip Code)

For further information concerning this matter, please call:

MISHELLE MCPHERSON at (850) 670-5757
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> 30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
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
12 SEP -7 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

MR. SANDMAN BLASTING, LLC

2. The Articles of Organization were filed on 9-16-2011 and assigned document number

L11600106199

3. The date the dissolution was approved: 9-19-2011

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

THE BUSINESS WAS NEVER STARTED
THE PARTNER THAT WAS SUPPOSE TO RUN
THE COMPANY NEVER CAME THROUGH

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

EDGAR CORTES

EDGAR CORTES

Mishelle McPherson

Mishelle McPherson

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L11000106199
FILED 8:00 AM
September 16, 2011
Sec. Of State
jbryan**

Article I

The name of the Limited Liability Company is:

MR. SANDMAN BLASTING, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

20 JEFFERSON STREET
EASTPOINT, FL. US 32328

The mailing address of the Limited Liability Company is:

20 JEFFERSON STREET
EASTPOINT, FL. US 32328

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAK COURT
SUITE A
TAMPA, FL. 33612

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: SANDRA BRYANT, US CORP. AGENTS