

L11000110986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2014 JAN -7 P 14 04  
RECEIVED  
JAN 10 2014

D. ROSTICK  
FEB 10 2014  
EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OWENS CONSTRUCTION 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:

BARRY OWENS

(Name of Person)

OWENS CONSTRUCTION SERVICES, LLC

(Firm/Company)

45 BEECHWOOD DR.

(Address)

ORMOND BEACH, FL 32176

(City/State and Zip Code)

For further information concerning this matter, please call:

BARRY OWENS

(Name of Person)

at 386 481-8804

(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**

1. The name of a limited liability company is  
OWENS CONSTRUCTION SERVICES, LLC
2. The Articles of Organization were filed on 9/28/2011 and assigned  
document number L11000110986
3. The delayed effective date the dissolution if not effective on the date of 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).  
LACK OF BUSINESS RESULTED IN SHUTDOWN. NO BUSINESS  
CONDUCTED SINCE LATE 2012.
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs:  
BARRY OWENS  
45 BEECHWOOD DR.  
DELMOND BEACH, FL 32176
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



Printed Name

BARRY OWENS

**FILING FEE: \$25.00**

**FILED**  
2014 JAN -7 PM 4:04  
CLERK OF STATE  
TALLAHASSEE, FLORIDA