

L12000024750

(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



700260042787

05/12/14--01046--014 **25.00

B. BOSTICK

MAY 21 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Powerfixx 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:

W. Thornton Scott

(Name of Person)

MacLean and Ema Law Office

(Firm/Company)

2600 N.E. 14th Street Causeway

(Address)

Pompano Beach, FL 33062

(City/State and Zip Code)

For further information concerning this matter, please call:

W. Thornton Scott or Karen Kennedy

(Name of Person)

at (

954

785-1900

(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
Powerfixx LLC
2. The Articles of Organization were filed on 2/20/2012 and assigned
document number L12000024750
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).
Consent of all of the 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: _____

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

Sam Hackett, Manager

Printed Name

FILING FEE: \$25.00