

L120000029921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2014 JAN -6 PM 12:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

EFFECTIVE DATE _____

JAN 07 2014

D. H. JOSE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Paramount Quality Works 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:

(Name of Person)
DeShawn E. Marshall, MGRM
(Firm Company)
909 Midway Street
(Address)
New Smyrna Beach, FL 32168
(City State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Cynthia M. Marshall at 321 617-7315
(Name of Person) (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 Paramount Quality Works LLC
2. The Articles of Organization were filed on 02/29/12 and assigned document number L12000029921
3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/13
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).
The company took a tremendous loss
due to the industry. There was not
enough business/contracts to keep the company viable.
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
DeShawn E Marshall MGRM
909 Midway Street
New Smyrna Beach FL 32168
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

DeShawn E. Marshall

Printed Name

DeShawn E. Marshall

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA

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