

L/2000037844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

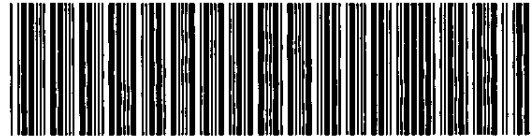
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04/28/14--01037--024 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 APR 28 PM 1:56

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: O-SPUR 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:

DAVID HUNTER
(Name of Person)

(Firm/Company)

44 LOCUST ST
(Address)

MACUNGIE PA 18062
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

DAVID HUNTER at 407 810-1388
(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

①-SPUR LLC

2. The Articles of Organization were filed on 03-19-2012 and assigned

document number L12000037844

3. The delayed effective date the dissolution if not effective on the date of filing: 04-28-2014
(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).

Registered Agent No Longer stays in
THE STATE OF FLORIDA

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

DAVID HUNTER

44 LOCUST ST, MACUNGIE PA 18062

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:

David Hunter
Signature

DAVID HUNTER
Printed Name

FILING FEE: \$25.00

2014 APR 28 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED