

L12 0000 44788

(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



600268271256

01/20/15--01007--008 \*\*25.00

15 JAN 20 AM 7:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers JAN 30 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FRANCIS FACILITY 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:

JERI WARE  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

318 SW WALKING PATH  
(Address)

STUART, FL 34997  
(City/State and Zip Code)

For further information concerning this matter, please call:

JERI WARE at 561, 900 4299  
(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

FRANCIS FACILITY SERVICES, LLC

2. The Articles of Organization were filed on MARCH 28, 2012 and assigned

document number L12000044388

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).

lack of business

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:

Jeri Ware  
Signature

JERI WARE  
Printed Name

15 JAN 29 AM 7:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE: \$25.00**