

LR000061188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

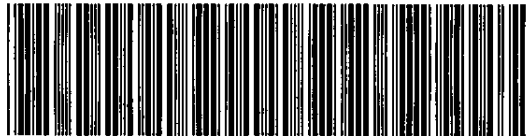
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EFFECTIVE DATE

12/31/14



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TALLAHASSEE FLORIDA

JAN 14 2015
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EZFingerPrints Franchise Group, 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:

Alexander K Chamberlain

(Name of Person)

(Firm/Company)

1180 Ponce De Leon Blvd. #701

(Address)

Clearwater, FL 33756

(City/State and Zip Code)

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TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

Alexander K Chamberlain

(Name of Person)

727

at (

447-5845

(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 EZFingerPrints Franchise Group, LLC
2. The Articles of Organization were filed on 05/07/2012 and assigned document number L12000061188
3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2014
(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).
No sales.
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Alexander K Chamberlain
Linda R Chamberlain & Kerry E. Chamberlain,
Tennats By The Entireties
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:

Al Chamberlain

Signature

Alexander K Chamberlain

Printed Name

FILING FEE: \$25.00

RECEIVED DATE 12/31/14

204 DEC 31 PM 3:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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