

L12000068158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

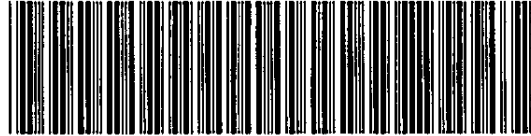
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700281969407

02/22/16--01028--023 **35.00

FILED
16 APR 25 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 27 2015
J. HARRIS

JH
COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **LOGICAL RESTORATION LLC**

(Name of Limited Liability Company)

RECEIVED
2016 APR 25 PM 3:42
TALLAHASSEE, FLORIDA

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEPHEN H PASHOIAN

(Name of Person)

LOGICAL RESTORATION LLC

(Firm/Company)

2360 HAZELWOOD LANE

(Address)

CLEARWATER, FL 33763

(City/State and Zip Code)

For further information concerning this matter, please call:

STEVE PASHOIAN

(Name of Person)

at (**727**) **215-4507**

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2016

STEPHEN H PASHOIAN
6551 INDUSTRIAL AVE
PORT RICHEY, FL 34668

SUBJECT: LOGICAL RESTORATION LLC
Ref. Number: L12000068158

We have received your document for LOGICAL RESTORATION LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 916A00003839

FILED
16 APR 25 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
LOGICAL RESTORATION LLC

2. The Articles of Organization were filed on 05/21/2012 and assigned
document number L12000068158

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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
listed as the document's effective date on the Department of State's records.

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).

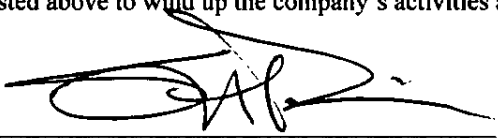
The consent of all members

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

615 NORTH JASMINE AVE STE Q

TARPON SPRINGS, FL 34698

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

LLC MMEBER

Printed Name

FILING FEE: \$25.00

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15 APR 25 PM 4:20
TALLAHASSEE, FLORIDA
DEPT. OF STATE

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: LOGICAL RESTORATION LLC

Document number of Limited Liability Company is: L12000068158

Date of dissolution was: 02/15/2016

Description of information that must be included in a written claim:

CLAIMS MUST INCLUDE: VERIFICATION OF DEBT,
ACCOUNT NUMBER, AND DETAILED BILL

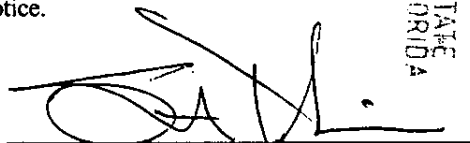
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

615 NORTH JASMINE AVE SUITE Q
TARPON SPRINGS, FL 34698

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

STEPHEN PASHOIAN

Printed Name of the Person Filing



Signature of the Person Filing

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15 APR 25 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00