

# L12000101367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT

MAIL

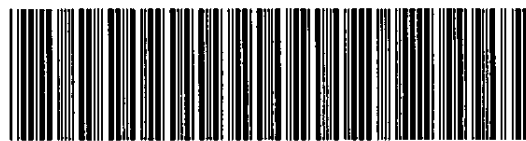
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2014 JAN -6 PM 4:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
JAN 13 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DENNIS PAUL BARRON 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:

DENNIS PAUL BARRON  
(Name of Person)

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

415 AUGUSTA BLVD. # 112  
(Address)

NAPLES, FL 34113  
(City/State and Zip Code)

For further information concerning this matter, please call:

DENNIS P. BARRON at (239) 529-2941  
(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

FILED

2014 JAN -6 PM 4:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

DENNIS PAUL BARRON LL3

2. The Articles of Organization were filed on 8-6-2012 and assigned  
document number L12000101367

3. The delayed effective date the dissolution if not effective on the date of 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).

THE MEMBER(S) OF THE LIMITED LIABILITY  
COMPANY ADOPTED A RESOLUTION FOR  
DISSOLUTION.

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:

Signature

Printed Name

Dennis Paul Barron

DENNIS PAUL BARRON

12-31-2013

FILING FEE: \$25.00