

L12000112911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

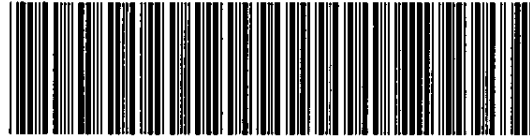
(Business Entity Name)

(Document Number)

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

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14 JAN - 8 PM 5:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 14 2014

T. BROWN

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Precise Provision 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:

Nakisha Kinlaw

(Name of Person)

Precise Provision LLC

(Firm/Company)

410 NW 16th Ave

(Address)

Boynton Beach, FL 33435

(City/State and Zip Code)

For further information concerning this matter, please call:

Nakisha Kinlaw

(Name of Person)

at ( 561 ) 5164287

(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**  
14 JAN -8 PM 5:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Precise Provision LLC

2. The Articles of Organization were filed on 9-4-12 and assigned  
document number 460901645 L12000112911

3. The delayed effective date the dissolution if not effective on the date of filing: n/a

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).


Net Loss. Unable to recover or sustain business entity.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Nakisha Kinlaw 410 NW 16th Ave Boynton Beach, FI 33435

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

 RM

Nakisha Kinlaw

**FILING FEE: \$25.00**