

L12000113529

(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:

Incorrect Form

Office Use Only



600422394796

01/24/24--01008--023 **35.00

2023 MAR 18 PM 8:07

Handwritten signature or initials

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SKD 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:

Susan J. Geigen EA
(Name of Person)

Seminole Accountants Inc
(Firm/Company)

9996 Seminole Blvd
(Address)

Seminole FL 33772
(City/State and Zip Code)

For further information concerning this matter, please call:

Susan J. Geigen
(Name of Person)

at (727) 392-2120
(Area Code & Daytime Telephone Number)

^{WJS}
Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

Already sent fee

☐ \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

2023 MAR 18 AM 8:07

1. The name of a limited liability company is

SKD Services LLC

2. The Articles of Organization were filed on _____ and assigned

document number L 12000113529

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).

Voluntary 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:

Steve DeFord

8266 127th St

Seminole FL 33776

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

Steve DeFord
Printed Name

FILING FEE: \$25.00

— Already sent & kept —



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2024

SUSAN J. GEIGER, EA
9996 SEMINOLE BLVD
SEMINOLE, FL 33772

SUBJECT: SKD SERVICES LLC
Ref. Number: L12000113529

We have received your document for SKD SERVICES 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 ARTICLES OF DISSOLUTION A FLORIDA PROFIT CORPORATION, but your entity is a ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 124A00002950

REC
3-18