

LR000114968

\_\_\_\_\_  
(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



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2014 MAR -6 AM 11:54  
CLERK OF STATE  
TALLAHASSEE FLORIDA

MAR 07 2014  
D. BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BFDS ENTERPRISE 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:

FRANCIS DEWITT

(Name of Person)

(Firm/Company)

484 SW COLUMBUS DR

(Address)

PORT SAINT LUCIE, FL 34953

(City/State and Zip Code)

For further information concerning this matter, please call:

FRANCIS DEWITT

(Name of Person)

at 772 631-1779

(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)

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TALLAHASSEE, FLORIDA  
STATE  
CLERK OF COURTS

**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

BFDS ENTERPRISE LLC

2. The Articles of Organization were filed on 09/07/2012 and assigned  
document number L12000114968

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).

DUE TO THE LACK OF FUNDS AND PURCHASES WE SHUT THE BUSINESS DOWN

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

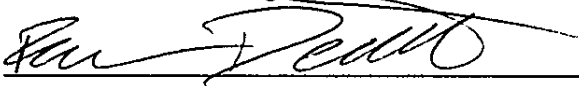
FRANCIS DEWITT

484 SW COLUMBUS DR

PORT SAINT LUCIE, FL 34953

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

FRANCIS DEWITT

**FILING FEE: \$25.00**

**FILED**  
2014 MAR -6 AM 11:54  
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TALLAHASSEE FLORIDA