L12000123550

(Requestor's Name)						
(Address)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
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04/02/14--01008--003 **25.00



1. SHIVETS APR 0.4 2000

COVER LETTER

UBJECT: (Name of Limited Liability Company)							
enclosed	Articles of Dissolution and fee(s) are submitte	ed for filing.					
e return	all correspondence concerning this matter to the	he following:					
	Scott A. Snellgrove						
	(Name	e of Person)					
	Scotty's Maintenance						
	(Firm/Company)						
	1116 NW 40th Drive						
	(/	Address)					
	Gainesville, FL 32605						
	(City/Stat	e and Zip Code)					
further in	formation concerning this matter, please call:						
Sc	ott A. Snellgrove	325	372-0542				
	(Name of Person)		ode & Daytime Telephone Numb				
osed is a c	check for the following amount:						
		\$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

The name of a limited liability company is Scotty's Maintenance, LLC							
2.	The Articles of Organization	were filed on 9/26/12		and assigned			
	document number L12000	123550	_				
3.	The delayed effective date the deffective	the dissolution if not effective on the date of filing: 1/1/2014 ve date cannot be prior to or more than 90 days later than date document is received for filing)					
4.	A description of occurrence 605.0707, Florida Statutes, (that resulted in the limit copy 605.0707 on back c	ed liability company's discover letter).	ssolution pursuant to se	ection		
	Owner/Manager Scott A	A. Snellgrove cannot	work due to illness.				
					_		
					_		
_	16.4		6.0		_		
Э.	If there are no members, ent activities and affairs:	er the name and address Scott A. Snellgrove	• ••	o wind up the company	'S		
	1116 NW 40th Drive						
		Gainesville, FI 3260	05	Q _Z			
				ECRE L'AH,	4 APR		
6. lis	Signature of an authorized pated above to wind up the con	erson or if there are no r ipany's activities and aff	nembers, the signature of airs:	the person appointed a	AND TOWNS		
	8 1.00	_	Scott A. Snellgrove	STATE			
	- Comment		Drinted	Noma	_		

FILING FEE: \$25.00