

L12000130901

(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 NOV -3 PM 12:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

NOV 04 2014
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Darren Singo 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:

Darren Singo

(Name of Person)

(Firm/Company)

4103 Osage Ln

(Address)

Ormond Beach Fl. 32174

(City/State and Zip Code)

For further information concerning this matter, please call:

Darren Singo

(Name of Person)

at (

386

490- 5502

(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

FILED
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OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FLORIDA

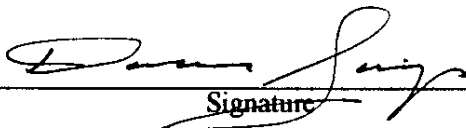
**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
Darren Singo Services, LLC
2. The Articles of Organization were filed on 10-12-2012 and assigned
document number L12000130901
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)
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 business responsible to pay me. No longer
could pay me forcing me to close
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: NONE
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:

CLERK OF STATE
TALLAHASSEE
FLORIDA

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Signature

Darren Singo
Printed Name

FILING FEE: \$25.00