

L12000158508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

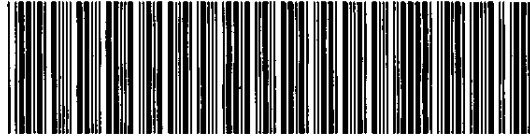
(Document Number)

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FILED
15 JAN 29 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB - 5 2015

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C & R SERVICES OF WEST PALM BEACH

(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:

Cynthia E. O'Connor

(Name of Person)

C & R SERVICES OF WEST PALM BEACH

(Firm/Company)

2808 Misty Oaks Circle

(Address)

Royal Palm Beach FL 33411

(City/State and Zip Code)

For further information concerning this matter, please call:

Cynthia E O'Connor

(Name of Person)

561

at ()

793 4147

(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
15 JAN 29 PM 1:20
SECURITIES OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

C&R SERVICES OF WEST PALM BEACH "LLC"

2. The Articles of Organization were filed on 12/19/2012 and assigned

document number 46-1614078 - 42000158508

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).

Did not receive any client from the State of Florida for Agency for persons with

disability. Therefore no service was provided by the company during this period of

time. And thus no income has been generated.

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

2808 Misty Oaks Circle

Royal Palm Beach FL 33411

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:

C. E. O'Connor
Signature

Cynthia E. O'Connor

Printed Name

FILING FEE: \$25.00