

L13000008042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

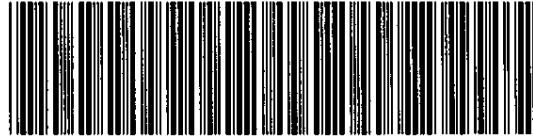
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/04/15--01040--009 **25.00

FILED
15 MAY -4 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WAPS 13/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mikel Walker Handyman 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:

Mikel Walker

(Name of Person)

(Firm/Company)

3411 Palm Beach Dr.

(Address)

Valrico, FL 33594

(City/State and Zip Code)

For further information concerning this matter, please call:

Mikel Walker

(Name of Person)

813

(Area Code)

777-8962

(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

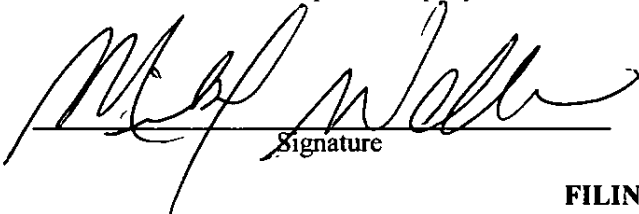
STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of a limited liability company is
Mikel Walker Handyman Services, LLC
2. The Articles of Organization were filed on 01/16/2013 and assigned
document number L13000008042
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):
Pursuant to sections 605.0707(1) and 605.0701(2) of the Florida Statutes, the sole
member of the Company has, by unanimous consent, closed the business
operations of the Company and approved dissolution of the same.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: _____

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

Mikel Walker, Sole Member

Printed Name

FILING FEE: \$25.00

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