

L13000017291

(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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01/11/17--01008--004 **25.00

JAN 12 2017
S. YOUNG

17 JAN 11 AM 12:20

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Richard DeFeo's Total Property Care, 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:

Richard J DeFeo
(Name of Person)

DeFeo's Total Property Care, LLC
(Firm/Company)

56 D South Whitney St.
(Address)

St Augustine, FL 32084
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Richard DeFeo at (904) 669 2503
(Name of Person) (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

Richard Defeo's Total Property Care, LLC

2. The Articles of Organization were filed on 1.31.2013 and assigned

document number L13000017291

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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

I am closing the business to pursue a different
career and require more time for education

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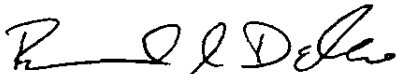
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Richard Defeo

56 D South Whitney St.

St Augustine, FL 32084

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

Richard J Defeo
Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Richard DeFeo's Total Property Care, LLC

Document number of Limited Liability Company is: L13000017291

Date of dissolution was: _____

Description of information that must be included in a written claim:

Cover Letter

Articles of Dissolution

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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Richard DeFeo

56 D South Whitney St

St Augustine, FL 32084

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Richard J DeFeo

Printed Name of the Person Filing

R J DeFeo

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00