

L130000025016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2014 APR 14 PM 1:14
CLERK OF STATE
TALLAHASSEE, FLORIDA

APR 16 2014

J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRUE VIEW INSPECTION 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:

Eddie Copeland
(Name of Person)

(Firm/Company)

2022 S.E. AIZIES LN.
(Address)

Port St. Lucie, FL 34984
(City/State and Zip Code)

For further information concerning this matter, please call:

EDDIE Copeland at (772) 812-4416
(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

FILED
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TALLAHASSEE, FL

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

1. The name of a limited liability company is

TRUE VIEW INSPECTION SERVICES LLC

2. The Articles of Organization were filed on Feb. 18, 2013 and assigned

document number L13000025-016

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).

Will no longer require this type
of business structure. Company will
function as a sole-proprietorship
with a sole ownership.

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

Eddie Copeland
2022 SE AIZES LANE
PORT ST. LUCIE, FL 34984

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:

Eddie Copeland
Signature

Eddie Copeland
Printed Name

FILING FEE: \$25.00

2014 APR 14 PM 1:14
CLERK OF CIRCUIT COURT
HABERSHAW
STATE OF FLORIDA

FILED