

L13 000026074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

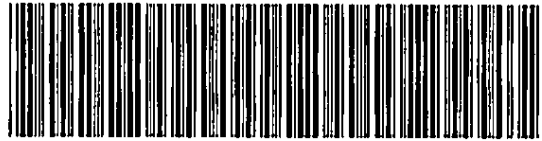
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2022 APR 20 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

FLA. DEPT
OF STATE

TO: Registration Section
Division of Corporations

SUBJECT: Stan Brown Mechanical Consulting

(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:

Stan Brown

(Name of Person)

Stan Brown Mechanical Consulting

(Firm/Company)

PO Box 561335

(Address)

Orlando, FL 32856

(City/State and Zip Code)

For further information concerning this matter, please call:

Stan Brown

407-402-238

at

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2022 APR 20 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Stan Brown Mechanical Consulting

2. The Articles of Organization were filed on 02/19/2013 and assigned

document number L13000026074

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).

My wife's health issues require my full time attention

My wife's health issues require my full time attention

My wife's health issues require my full time attention

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

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:

Stanley Brown
Signature

Stanley Brown
Printed Name

FILING FEE: \$25.00