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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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16 APR 28 AM 7:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 03 2016  
J SHIVERS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BENT 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:

RAMON BENT  
(Name of Person)

BENT SERVICES LLC  
(Firm/Company)

7504 GOLDENPOINTE BLVD 104  
(Address)

ORLANDO FL 32807  
(City/State and Zip Code)

For further information concerning this matter, please call:

RAMON BENT at (321) 945-6050  
(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

BENT SERVICES LLC

2. The Articles of Organization were filed on 3-29-2013 and assigned

document number L13000046804

3. The delayed effective date the dissolution if not effective on the date of filing: 4-25-2016  
(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).

THE BUSINESS IS NOT MAKING A PROFIT AND

THE CONTRACTOR I WORK FOR IS CLOSING.

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

activities and affairs:

RAMON BENT

7504 GOLDENPOINTE BLVD. 104

ORLANDO FL 32807

16 APR 28 AM 17:16  
SECRETARY OF STATE  
FLORIDA

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:

Ramon Bent

Signature

RAMON BENT

Printed Name

**FILING FEE: \$25.00**