

L13000050432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

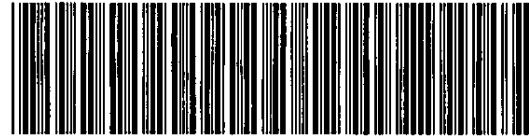
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/01/14--01011--023 **25.00

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2014 MAY -1 PM 2:59
TAMPA COUNTY
FLORIDA

MAY 07 2014

J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRO ALARM 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:

Christopher Brown

(Name of Person)

Pro Alarm LLC

(Firm/Company)

24133 US Hwy 19 N

(Address)

Clearwater, FL 33763

(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher Brown

(Name of Person)

at (727) 504-3537

(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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FL
MAY 1 2014

2014 MAY - 1 PM 2:59

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

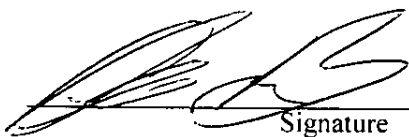
1. The name of a limited liability company is
PRO ALARM LLC
2. The Articles of Organization were filed on 04/05/2013 and assigned
document number L13000050432
3. The delayed effective date the dissolution if not effective on the date of filing. _____
(effective date cannot be prior to or more than 90 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).

Unable to make profit

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

Christopher Brown

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

Christopher Brown

Printed Name

FILING FEE: \$25.00

2014 MAY 1 PM 2:59
SECRETARY OF STATE
STATE OF FLORIDA

FILED