

L13 000059084

\_\_\_\_\_  
(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



600258174996

04/07/14--01022--028 \*\*25.00

APR 16 2014  
T CLINE

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 APR -7 AM 10:30

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Steven M Grover, 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:

Steven M. Grover  
(Name of Person)

Steven M. Grover, LLC  
(Firm/Company)

5219 Calusa Court  
(Address)

Cape Coral, FL 33904  
(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 APR -7 AM 10:30

FILED

For further information concerning this matter, please call:

Steven Grover at (239) 246-4975  
(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

Steven M Grover LLC

2. The Articles of Organization were filed on 4.22.2013 and assigned

document number L13000059084

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).

Got a new job and no longer need an LLC

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

Registered Agent and Mgr.

Steven M. Grover

5219 Calusa Court

Cape Coral, FL 33904

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:

Steven M Grover

Signature

Steven M. Grover

Printed Name

**FILING FEE: \$25.00**

2014 APR - 7 PM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED