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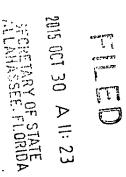
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

T0: Registration Section Division of Corporations
SUBJECT: COllier Site 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:
Shaine P. Green (Name of Person)
(Name of Person)
(OIIII Sife Selvices; LLC (Firm/Company)
(Firm/Company)
5641 Division DR. Unit Z
Fort Myers FL, 73905 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Shaine P. Green at (239) 851-7064 (Name of Person) (Area Code & Daytime Telephone Number)
(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

The name of a limited liabil	• • •
Collier Site	Services, LLC
The Articles of Organization	n were filed on April 30, 7013 and assigned
document number L1300	0062902
Note: If the date inserted in t	the dissolution if not effective on the date of filing: 11/1/2015 date cannot be prior to or more than 90 days later than date document is received for filing) his block does not meet the applicable statutory filing requirements, this date will not be tive date on the Department of State's records.
605.0707, Florida Statutes, (that resulted in the limited liability company's dissolution pursuant to section copy 605.0707 on back cover letter).
Title manager 1	(myself) have Decided to Close Company
and go to	work essentere for Personal Reasons.
Company has ze	ro employee's at time or Dissolution
If there are no members, ent activities and affairs:	er the name and address of the person appointed to wind up the company's Shaine Green - 3415 26th St W, length acres to Regina spicer - Po box 1309 Naples F2, 34106
Signature of an authorized p ted above to wind up the con	person or if there are no members, the signature of the person appointed and appany's activities and affairs:
Shu k	Shaine Green Printed Name
Signature	Printed Name FILING FEE: \$25.00

Shaine Green

234-851-7064 - Daytine telephone

3415 76th St west lehigh owner pl, 33971 - Return advess