

L13000069907

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(Address)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 MAR 10 PM 1:13

C.L.  
4-1-15

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: CALVESTER DAVIS BAIL BONDS, 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:

CALVESTER DAVIS  
(Name of Person)

CALVESTER DAVIS BAIL BONDS, LLC  
(Firm/Company)

P.O. Box 161  
(Address)

GANNON, FL 32138  
(City/State and Zip Code)

For further information concerning this matter, please call:

CALVESTER DAVIS at (352) 256-4124  
(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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

15 MAR 10 PM 1:13

1. The name of a limited liability company is

CALVESTER DAVIS BAIL BONDS, LLC

2. The Articles of Organization were filed on MAY 13, 2013 and assigned

document number L13000069907

3. The delayed effective date the dissolution is not effective on the date of filing: 3-31-15  
(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).

F.S. 605.0701(2). I am the OWNER AND SOLE  
MEMBER of The Company. I no longer HAVE  
an INTEREST in The Bail Bonds Industry.

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

CALVESTER DAVIS

P.O. Box 161

Graham, FL. 32138

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

CALVESTER DAVIS

Printed Name

FILING FEE: \$25.00