

L13000076121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP



WAIT

MAIL

(Business Entity Name)

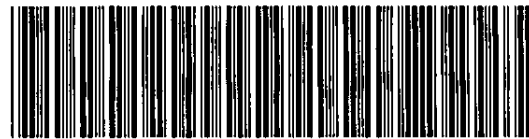
(Document Number)

Certified Copies _____

Certificates of Status _____

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2014 APR -2 AM 10:51

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

APR 04 2014

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WILLIAM C LIPPLETT 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:

William Lipplett

(Name of Person)

(Firm/Company)

3818 Gladys Street

(Address)

Jacksonville FL 32209

(City/State and Zip Code)

For further information concerning this matter, please call:

William C Lipplett

(Name of Person)

at (904) 476-0001

(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

FILED
TALLAHASSEE, FL
CLERK OF SUPERIOR COURT
2014 APR -2 AM 10:51

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

1. The name of a limited liability company is
WILLIAM C LIPPLETT LLC
2. The Articles of Organization were filed on _____ and assigned
document number L13000076121
3. The delayed effective date the dissolution if not effective on the date of 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).
No longer in business

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

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

Printed Name

William C Lipplett

William C Lipplett

FILING FEE: \$25.00

FILED
2014 APR -2 AM 10:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA