

213 0000 88653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

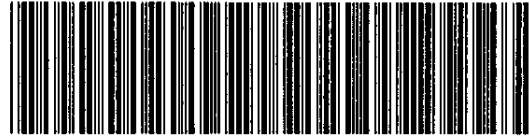
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
14 MAY 15 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 19 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 8, 2014

THOMAS SANTARLAS
PO BOX 3314
RIVERVIEW, FL 33568

SUBJECT: SUBPOENA BUTLER, LLC
Ref. Number: L13000088653

We have received your document for SUBPOENA BUTLER, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 914A00009851

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DISSOLUTION of LLC

DOCUMENT NUMBER: L13000088653

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS SANTARLAS
(Name of Contact Person)

SUBPOENA BUTLER, LLC
(Firm/Company)

P.O. Box 3314
(Address)

RIVERVIEW, FL 33568
(City/State and Zip Code)

For further information concerning this matter, please call:

THOMAS SANTARLAS at (813) 662-1450
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy
(Additional copy is enclosed) | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is enclosed) |
|---|---|---|---|

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment 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

Subpoena Butler, LLC

2. The Articles of Organization were filed on 6-19-13 and assigned

document number L1300088653

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).

Closed the 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:

Thomas Santarolo

P.O. Box 3314

Riverview, FL 33568

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:

Thomas Santarolo, mce
Signature

Thomas Santarolo, mce
Printed Name

FILING FEE: \$25.00

14 MAY 16 09:12:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

850-245-6030 (F)