

LL3000089659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

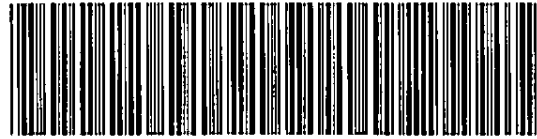
(Business Entity Name)

(Document Number)

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17 DEC 28 AM 7:27  
STATE OF FLORIDA  
RECEIVED

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: **POWER ASSIST GOLF, LLC**

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

*Fee previously sent, CK# 14998  
(see attached)*

Please return all correspondence concerning this matter to the following:

**WADE BOYETTE**

(Name of Person)

**BOYETTE, CUMMINS & NAILOS, PLLC**

(Firm/Company)

**1635 E. HIGHWAY 50, SUITE 300**

(Address)

**CLERMONT, FL 34711**

(City/State and Zip Code)

For further information concerning this matter, please call:

**WADE BOYETTE**

(Name of Person)

**352 394-2103**

at (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)

*2017 DEC 28 11:43  
Fee already sent  
and check deposited 12/21/17*

**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

*JH*

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Tallahassee, FL 32301

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

1. The name of a limited liability company is  
POWER ASSIST GOLF, LLC
2. The Articles of Organization were filed on June 21, 2013 and assigned  
document number L13000089659
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)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be  
listed as the document's effective date on the Department of State's records.
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).  
BUSINESS IS NO LONGER VIABLE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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

DAVID VAN DE VELDE

Printed Name

**FILING FEE: \$25.00**

FILED  
JUN 28 2013  
17:28  
AM  
7:27  
SEC 28  
AM 7:27  
DAVID VAN DE VELDE