

L13000096465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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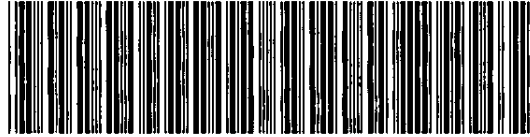
(Business Entity Name)

(Document Number)

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15 MAR 25 AM 8:59

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ADVANTAGE Home 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:

VINCENT COSICK  
(Name of Person)

ADVANTAGE Home Services LLC  
(Firm/Company)

766 SW MUNYACK CIRCLE  
(Address)

PORT ST. LUCIE FL. 34986  
(City/State and Zip Code)

For further information concerning this matter, please call:

VINCENT COSICK at 772 905-8634  
(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

1. The name of a limited liability company is

ADVANTAGE HOME SERVICES LLC

2. The Articles of Organization were filed on JUN 25/2013 and assigned

document number

TAX ID# EIN 90-0999223  
CORP DOC# L13 000090405

3. The delayed effective date the dissolution if not effective on the date of filing: SAME AS ABOVE  
(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 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:

VINCENT CUSICK  
766 SW MUNG ACRE CIR  
PORT ST. LUCIE FL, 34983

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:

Vincent Cusick

Signature

VINCENT CUSICK

Printed Name

FILING FEE: \$25.00

Thank you  
Vincent Cusick