

#L13000090848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

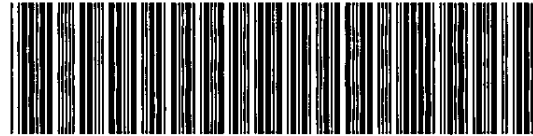
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300258979163

04/22/14--01009--013

35.00

~~**150.00~~

FILED
2014 APR 22 PM 5:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
APR 25 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All Aspects Pressure Wash Cleaning
(Name of Limited Liability Company) LLC.

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

Please return all correspondence concerning this matter to the following:

Clifton Rider

(Name of Person)

All Aspects Pressure Wash Cleaning LLC

(Firm/Company)

6819 SE 99th Pl

(Address)

Belleview, FL 34420

(City/State and Zip Code)

For further information concerning this matter, please call:

Clifton Rider

(Name of Person)

at (352) 427-2589

(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

All Aspects Pressure Wash Cleaning LLC

2. The Articles of Organization were filed on FEB - 2013 and assigned

document number 3225795 #213000090848

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).

- never operated.

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

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

Clifton Rider
Printed Name

FILING FEE: \$25.00

Florida Department of State
Division of Corporations

April 15, 2014

Clifton Rider
6819 SE 99th Pl
Belleview, Florida 34420

All Aspects Pressure Washing LLC- Dissolution

To Whom It May Concern:

This is notice to immediately dissolve the LLC of the above mentioned company. Please forward any necessary documentation pertinent to this dissolution to the above address.

Thank you for your cooperation in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Clifton L. Rider", with a long horizontal flourish extending to the right.

Clifton L Rider

(352) 427-2589