

217000091069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

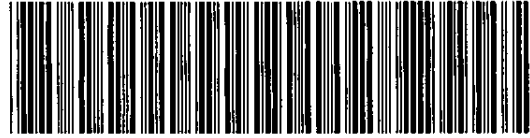
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/17/14--01005--009 \*\*25.00

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14 DEC 17 AM 9:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers DEC 19 2014

SP  
12/17

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Books To Taxes 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:

Patricia Tremblay  
(Name of Person)

Books To Taxes LLC  
(Firm/Company)

PO Box 830812  
(Address)

Ocala FL 34483-0812  
(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Tremblay at ( 603 ) 339-0859  
(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)

# 148

**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  
Books To Taxes LLC
  
2. The Articles of Organization were filed on 6/24/2013 and assigned  
document number L13000091069
  
3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2014  
(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).  
Wish to dissolve the LLC and operate as sole proprietor.
  
  
  
  
  
  
  
  
  
  
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 as  
listed above to wind up the company's activities and affairs:

Patricia Tremblay  
Signature

Patricia Tremblay  
Printed Name

**FILING FEE: \$25.00**

14 DEC 17 PM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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