## L13000113439

(Requestor's Name)		
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(Do	cument Number)	
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer	
Special Instructions to	Filing Officer:	

Office Use Only



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OFFISION OF STATE OF

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## **COVER LETTER**

TO: Registration Section **Division of Corporations** The enclosed Articles of Dissolution and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: EDITH DOWELL
(Name of Person) For further information concerning this matter, please call: 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:** STREET/COURIER ADDRESS: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is  Dowell Robfing Services LLC
2. The Articles of Organization were filed on 8 12 2013 and assigned
document number <u>113000113439</u>
3. The delayed effective date the dissolution if not effective on the date of filing: 1918 (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).
Bankruptcy
· J
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
1345 Covey Cir. S.
lakeland, Fr 33809
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 EDITH DOWELL 3
FILING FEE: \$25.00