

U3 0001 27416

(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



200268406432

01/20/15--01012--018 **25.00

FILED
15 JAN 20 AM 7:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 30 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Superior Services of Mid-Florida, 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:

David F. Carman

(Name of Person)

Superior Services of Mid-Florida, LLC

(Firm/Company)

9143 SW 34th Place

(Address)

Ocala, FL 34481

(City/State and Zip Code)

For further information concerning this matter, please call:

David F. Carman

(Name of Person)

352

215-0052

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)

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
Superior Services of Mid-Florida, LLC
2. The Articles of Organization were filed on 9/10/2013 and assigned
document number L13000127416
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).
Accepted a fulltime position at another company

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

9143 SW 34th Place

Ocala, FL 34481

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:

David F. Carman
Signature

David F. Carman
Printed Name

FILING FEE: \$25.00

15 JAN 20 AM 7:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED