

L13000167270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

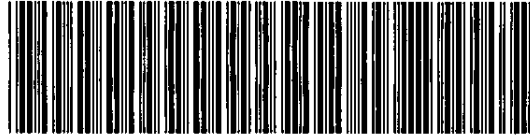
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

wrong form

Office Use Only



900270917939

03/25/15--01029--006 **35.00

FILED
15 APR 29 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

dissolution

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NOTICE OF CORPORATE DISSOLUTION

DOCUMENT NUMBER: L13000167270

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARK ALLEN

(Name of Contact Person)

GUARD MANAGEMENT SOLUTIONS INC

(Firm/Company)

1491 SW 70th TERRACE

(Address)

PLANTATION FL 33317

(City/State and Zip Code)

For further information concerning this matter, please call:

MARK ALLEN

(Name of Contact Person)

at (954) 599-5950

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2015

MARK ALLEN
GUARD MANAGEMENT SOLUTIONS INC
1491 SW 70 TERRACE
PLANTATION, FL 33317

SUBJECT: GUARD MANAGEMENT SOLUTIONS LLC
Ref. Number: L13000167270

We have received your document for GUARD MANAGEMENT SOLUTIONS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed a corporate dissolution form. Please complete the attached dissolution for a limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 615A00006259

RECEIVED
15 APR 21 PM 1:39
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 21, 2015

MARK ALLEN
GUARD MANAGEMENT SOLUTIONS INC
1491 SW 70 TERRACE
PLANTATION, FL 33317

SUBJECT: GUARD MANAGEMENT SOLUTIONS LLC
Ref. Number: L13000167270

We have received your document for GUARD MANAGEMENT SOLUTIONS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 315A00008038

Fax: 850-245-6897

RECEIVED

15 APR 29 PM 3:27

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

GUARD MANAGEMENT SOLUTIONS LLC

2. The Articles of Organization were filed on
- 12/02/13
- and assigned

document number L13000167270

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).

a. CHANGE OF BUSINESS DUE TO NEW MARKET OPPORTUNITIES.b. LOSS OF REVENUE, DETERMINED AS NON-PROFITABLE

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

MARK ALLEN1491 SW 70th TERRACEPLANTATION FL 33317

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:

Mark Allen

Signature

MARK ALLEN

Printed Name

FILING FEE: \$25.00

SECRETARY
TALLAHASSEE

15 APR 29 AM 11:08

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 APR 24 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000068413

1. Corporation Name

TurnKey Title Corporation

2. Principal Office Address - No P.O. Box #

710 NE 24th Way

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33304-3527

Country

3. Mailing Office Address

710 NE 24th Way

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33304-3527

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/2/1999

5. FEI Number

65-0937697

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

N/A

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name

Steven M. Stoll

Street Address (P.O. Box Number is Not Acceptable)

710 NE 24th Way

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33304-3527

100272208611
04/24/15--01038--019 **1385.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 04/21/2015

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Steven M. Stoll	710 NE 24th Way	Fort Lauderdale, FL 33304

Reinstatement 11-15
MC also filed. dec

10. E-mail Address: smstoll@me.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify the information provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/26 954-605-9000

Date

Daytime Phone #