

L14 00000 1161

(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



500265414795

10/16/14--01022--017 **25.00

FILED
14 OCT 16 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FL 08107

64

10/27/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Bairn Institute, LLC

DOCUMENT NUMBER: L14000001161

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vivian Throgmorton
(Name of Contact Person)

The Bairn Institute
(Firm/Company)

4484 SE Village Rd
(Address)

Stuart, FL, 34997
(City/State and Zip Code)

For further information concerning this matter, please call:

Vivian Throgmorton at (772) 634-1907
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy
(Additional copy is enclosed) | <input type="checkbox"/> \$60 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

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

The Bairn Institute, LLC

2. The Articles of Organization were filed on 12/30/2013 and assigned

document number L14000001161

3. The delayed effective date the dissolution is not effective on the date of filing: 9/25/14
(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).

This company was unable
to generate revenue due to
lack of interest in the services offered.

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

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]

Signature

Vivian Throgmorton

Printed Name

FILING FEE: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 OCT 16 AM 11:22

FILED