

L14000804015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

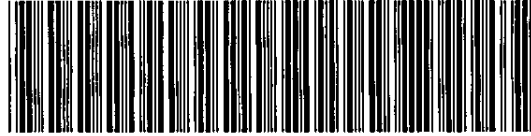
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 19 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAUL CASSIMORE'S SERVICES, 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:

PAUL E. CASSIMORE
(Name of Person)

PAUL CASSIMORE'S SERVICES, LLC
(Firm/Company)

10223 Briarcliff Rd E
(Address)

JACKSONVILLE, FL 32218
(City/State and Zip Code)

For further information concerning this matter, please call:

PAUL E. CASSIMORE at (904) 504-5444
(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)

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

NOTE: Please be advised that the company address is: 4145 Springwood Rd, Jacksonville, FL 32207. The above address is the new address. Please mail all correspondence to the above address.

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

PAUL CASSIMORE'S SERVICES, LLC

2. The Articles of Organization were filed on January 8th, 2014 and assigned

document number L14000004015

3. The delayed effective date the dissolution if not effective on the date of filing: N/A - ON FILING DATE
(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).

- ① NOT ENOUGH INCOME TO SUPPORT ADVERTISING NEEDED
- ② LACK OF WORK - NO INCOME COMING IN TO SUPPORT COMPANY
- ③ PERSONAL FUNDS EXHAUSTED
- ④ DECLINE IN HEALTH - CAN NO LONGER PERFORM WORK.

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

PAUL E CASSIMORE
10223 BRIARCLIFF RD E
JACKSONVILLE, FL 32218

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:

Paul E Cassimore
Signature

PAUL E CASSIMORE
Printed Name

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE: \$25.00