

44000005121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

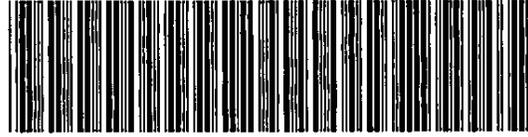
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 21 2015  
S. YOUNG

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Dissolutions

DOCUMENT NUMBER: L14000005121

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

Please return all correspondence concerning this matter to the following:

David L Shedd

(Name of Contact Person)

Absolute Restoration Services

(Firm/Company)

4103 w 24th Ct

(Address)

Panama City FL 32405

(City/State and Zip Code)

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For further information concerning this matter, please call:

Kim Shedd

(Name of Contact Person)

at ( 404 )

(Area Code)

295-4647

(Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25 Filing Fee

\$30 Filing Fee &  
Certificate of Status

\$55 Filing Fee &  
Certified Copy  
(Additional copy is enclosed)

\$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

## Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "*Notice of Limited Liability Company Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Absolute Restoration Services llc

Document number of Limited Liability Company is: L14000005121

Date of dissolution was: Nov 15, 2014

Description of information that must be included in a written claim:

Company was shut down due to David Shedd's health and lack of work.  
David found other employment that did not require the physical  
requirements that were very demanding with operation of  
Absolute Restoration Services.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

David L Shedd  
Printed Name of the Person Filing

David L Shedd  
Signature of the Person Filing