#14000024786

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/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

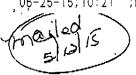


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K.SALY EXAMINER JUN 2 9 2015





FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 JUN 29 PM 3: 29

SECRETARY OF STATE TALLAHASSEE, FLORIDA

April 28, 2015

RAFAEL RODRIGUEZ RE: FOUNDATION REPAIR SPECIALIST, LLC 18766 CORTEZ BLVD BROOKSVILLE, FL 34601



Ref. Number: L14000024786



We have received your document for FOUNDATION REPAIR SPECIALIST, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A Statement of Termination may be filed after the limited liability company has completed winding up and after a voluntary dissolution has been filed with this office. See section 605.0709(7), Florida Statutes for reference.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6951.

Karen A Saly Regulatory Specialist II

Letter Number: 415A00008692

Fax: 850-245-6030

COVER LETTER

Division of Corporations	
SUBJECT: Foundation Repair Specialist, LLC	
Name of Limited Liability	Company
Dear Sir or Madam:	
The enclosed Statement of Termination and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the following	llowing:
Rafael Rodriguez	
Name of Person	
Foundation Repair Specialist LLC	
Firm/Company	
18766 Cortez Blvd	
Address	
Brooksville, FL 34601	
City/State and Zip Code	
silvia@sinkholetitan.com	
E-mail address: (to be used for future annual report notification	1)
For further information concerning this matter, please call:	
Rafael Rodriguez 352 59	3-4141
Name of Person Area Code Da	aytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E141 (2/14)

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination: FIRST: The name of the limited liability company is: Foundation Repair Specialist, LLC		
SECOND: The Florida Document number	of the limited liability company is:	0024786
THIRD: The date of filing of the initial art	icles of organization is: 10/09/2012	
FOURTH: The date of filing of the dissolu	ution is: 5/18/2015	·
FIFTH: This limited liability company has that it will file a statement of termination.	s completed winding up its activities and af	fairs and has determined
	Rafael Rodriguez	2015 JUN 29 PH 4: 24 SCHARLSSEF, FLERING
Signature of Authorized Representative	Typed or printed name of signature	PH 4: 24 F. FL BRID
	Filing Fee: \$25.00	₩-

Certified Copy: \$30.00 (optional)

CR2E141 (2/14)