

# L 14000024786

(Requestor's Name)

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(Document Number)

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K. SALY  
EXAMINER  
JUN 29 2015

Mailed  
5/12/15



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

RECEIVED  
FBI 12 MAY 2015

SUBJECT: FOUNDATION REPAIR SPECIALIST, LLC  
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.

6840

Karen A Saly  
Regulatory Specialist II

Letter Number: 415A00008692

Fax: 850-245-6030

**COVER LETTER**

**TO:** Registration Section  
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:

**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)

For further information concerning this matter, please call:

**Rafael Rodriguez**

\_\_\_\_\_  
Name of Person

at ( **352** ) **593-4141**

\_\_\_\_\_  
Area Code Daytime 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

### 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: L14900024786

**THIRD:** The date of filing of the initial articles of organization is: 10/09/2012

**FOURTH:** The date of filing of the dissolution is: 5/18/2015

**FIFTH:** This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

  
Signature of Authorized Representative

Rafael Rodriguez

Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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TALLAHASSEE, FLORIDA