

L14000043/47

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

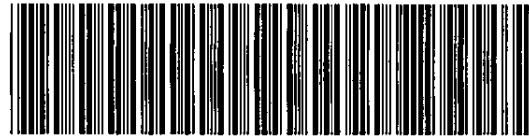
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500265905425

10/31/14--01023--019 **25.00

FILED
14 OCT 31 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REV. 4 2014

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sherlock Construction, 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:

Wendell E. Holmes

(Name of Person)

Sherlock Construction, LLC.

(Firm/Company)

2916 Pound Drive

(Address)

Tallahassee, Florida 32312

(City/State and Zip Code)

For further information concerning this matter, please call:

Wendell E. Holmes

(Name of Person)

at (850 545-3076)
(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

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

1. The name of a limited liability company is
Sherlock Construction, LLC.
2. The Articles of Organization were filed on March 14, 2014 and assigned
document number L14000043147
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).
Medical Reasons

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

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

Wendell E. Holmes

Printed Name

FILING FEE: \$25.00

FILED
14 OCT 31 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA