

L14 000048035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

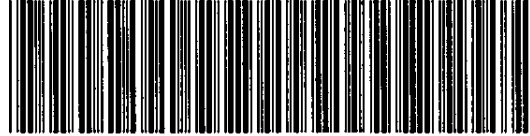
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 DEC 30 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Graham Master Services
(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:

ERIC Graham
(Name of Person)

Graham Master Services
(Firm/Company)

41368 Belladonna Ave
(Address)

NORTH PORT FL 34286
(City/State and Zip Code)

For further information concerning this matter, please call:

Emily Lindstedt at 941 883-1179
(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

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

1. The name of a limited liability company is

Graham Master Services

2. The Articles of Organization were filed on _____ and assigned

document number L07000003913

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).

Dissolving LLC because it is no longer
operating as a business

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

Tracy Lindstedt

29275 Bryan Way

Punta Gorda FL 33982

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:

Tracy Lindstedt
Signature

Tracy Lindstedt
Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA