

L14000065474

(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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2014 OCT 28 PM 3:23

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OFFICE OF THE
CLERK OF THE
SUPREME COURT

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 OCT 28 PM 3:50

APPROVED
AND
FILED

OCT 28 2014
OFFICE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IT Help & Services, 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:

James Devin Martens
(Name of Person)

(Firm/Company)

236 Francis Maples Dr.
(Address)

Tallahassee, Florida 32310
(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(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

SECRET
TALLAHASSEE, FLORIDA

14 OCT 28 PM 3:50

APPROVED
AND
FILED

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

I.T Help & Services, LLC

2. The Articles of Organization were filed on 4/22/2014 and assigned

document number L14000065474

3. The delayed effective date the dissolution if not effective on the date of 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).

NO Business and I was hired by another 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: _____

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

Printed Name

James Devin Martens

James Devin Martens

FILING FEE: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 OCT 28 PM 3:50

APPROVED
AND
FILED