

L14000081173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

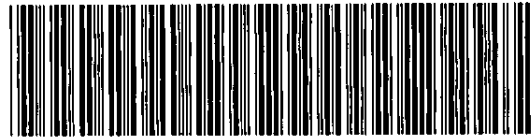
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/10/14--01001--016 \*\*35.00

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14 NOV -7 PM 4: 31  
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA DIVISION OF CORPORATIONS

3 JUSTICE

NOV -7 2014

BY [unclear]

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Allen Building and Restoration  
(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:

William A Allen III  
(Name of Person)

Allen Building and Restoration  
(Firm/Company)

1961 Collins Landing Rd  
(Address)

Tallahassee FL 32310  
(City/State and Zip Code)

For further information concerning this matter, please call:

William A Allen III at ( 090 ) 841 0243  
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED

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

Allen Building and Restoration

2. The Articles of Organization were filed on May 20 2014 and assigned

document number L14000081173

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).

New Job conflict of Interest

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

William A Allen III

1961 Collins Landing Rd

Tallahassee FL 32310

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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

William A Allen III  
Printed Name

FILING FEE: \$25.00

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Allen Building and Restoration

Document number of Limited Liability Company is: L14000081173

Date of dissolution was: 11-7-14

Description of information that must be included in a written claim:

New Job, conflict of interest

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

1961 Collins Landing Rd

Tallahassee FL 32310

\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

William A Allen III

Printed Name of the Person Filing

[Signature]

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00