# 114000106209

| (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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| Special Instructions to Filing Officer: |
| Special histractions to 1 ming Officer. |
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Office Use Only



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TALLAHASSEE, FLORIDA

\* Burch (1) \$ 0. 2014

## **COVER LETTER**

| Division of Corporations  |
|---|
| SUBJECT: The Young Law Firm of Florida LLC Name of Limited Liability Company)   |
| 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:   |
| $\Lambda : \mathcal{T} \vee$  |
| Andre T. Young (Name of Person)   |
| (Name of Persony  |
|   |
| (Firm/Company)  |
| 1115 E. Livingston St   |
| (Address)   |
| 1115 E. Livingston St<br>(Address)<br>Orlando FL 32803  |
| (City/State and Zip Code)   |
|   |
| For further information concerning this matter, please call:  |
| Andre T. Young at (407, 4224000 (Area Code & Daytime Telephone Number)  |
| (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

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   |
|---|
| The Young Law Firm of Florida, LLC.  2. The Articles of Organization were filed on July 14, 2014 and assigned   |
|   |
| 2. The Articles of Organization were filed on July 14 2014 and assigned   |
| document number   |
| 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).               |
| It was decided to simply change the name of an  |
|   |
| existing LLC to the above named designation   |
| ASS 31  |
| mo 70   |
|   |
| 5. If there are no members, enter the name and address of the person appointed to wind up the compa   |
| activities and affairs:   |
|   |
| Andre T. Young  |
| Andre T. Young  1115 E. Livingston St   |
| mo c. wirings on  |
| Orlando, FL 32003   |
| 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:                        |
|   |
| André T. Young  |
| Signature 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.

| Pate of dissolution was: 27 July 2014   |
|---|
| Description of information that must be included in a written claim:                                  |
| l'aiments name ; contact addres ; contact enail ; contact telephone numbers .                         |
| Claiments name; contact address; contact email; contact telephone numbers;                            |
| Pafe claim axuse Chair  |
| asis of claim   |
| ORIGINAL STATES   |
| Aailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)     |
| 1115 E. Livingston St<br>Orlandu FL 32803   |
| Orlando FL 32803  |
|   |
| claim against the above named limited liability company will be barred unless a proceeding to enforce |
|   |

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