

L4000112320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

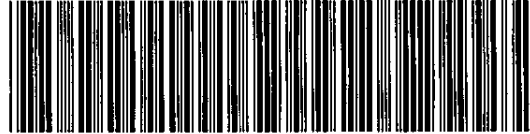
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 10 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Handyman Services of Pasco
(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:

Theodore W. Masson III

(Name of Person)

Owner

(Firm/Company)

10950 Barrett St

(Address)

New Port Richey, FL 34654

(City/State and Zip Code)

For further information concerning this matter, please call:

Theodore Masson III

(Name of Person)

at (727) 237-7698
(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

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

1. The name of a limited liability company is

Handyman Services of Pasco

2. The Articles of Organization were filed on 16Jul2014 and assigned

document number L14000112320

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).

Copy is not successful. As the sole owner/operator, I have not conducted business

since Dec2014 and will no longer be conducting 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: Theodore Masson III

10950 Barrett St

New Port Richey, FL 34654

727-237-7698

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

Theodore W. Masson III

Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA