

# L 14000125691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

CORRECTION TO EFFECTIVE DATE  
PER CONVERSATION WITH

WILLIAM DELLECKER 3/31/2015  
KS

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800270191428

EFFECTIVE DATE  
3-11-2015

03/11/15--01013--027 \*\*25.00

FILED  
2015 MAR 11 PM 2:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
MAR 31 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Premier Timepiece, 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:

William Dellecker

(Name of Person)

Premier Timepiece, LLC

(Firm/Company)

613 Forest Troll Dr.

(Address)

Port Orange, FL 32127

(City/State and Zip Code)

For further information concerning this matter, please call:

William Dellecker

(Name of Person)

386

at ( )

847-5039

(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

EFFECTIVE DATE  
3-11-2015

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

2015 MAR 11 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
Premier Timepiece, LLC

2. The Articles of Organization were filed on August 11, 2014 and assigned  
document number L14000125691

3. The delayed effective date the dissolution if not effective on the date of filing: MARCH 11, 2015  
(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).

My company is not making enough profit to keep it operating.

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 Dellecker (myself) Manager

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 Dellecker

Printed Name

FILING FEE: \$25.00