L14000138402

(Requestor's Name)	
. (Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	ĭL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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2016 SEP IL FM 5: 07
SECRETARY OF STATE

K.GRLY EXAMINER SEP 15



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 26, 2016

AUSTEN SHOWALTER 4340 OAKMONT ST. TALLAHASSEE, FL 32303

SUBJECT: SHOWALTER ENTERPRISES LLC

Ref. Number: L14000138402

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 916A00018220

Austen Showalter - 850-556-9374

Return: 4340 Dakmont St.
Tallahussee, F1. 32303

Payment for dissolution of

Showalter Enterprises LLC.

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Showalter Enterer	ises 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	e following:				
the secretary and correspondence concerning this matter to the	c tonowing.				
Austen L. Show	of Person)				
	,				
Showalter enterprises LLC (Firm/Company)					
(Firm/	Company)				
o 4340 Dakmont	S4.				
4340 Oakmont St. (Address)					
Tallahassee Flo	orida 32303				
· · · · · · · · · · · · · · · · · · ·					
, \$1					
For further information concerning this matter, please call:					
Austen Showalter (Name of Person)	at (850) 556 - 9374				
(Name of Letson)	(Alea Code & Dayline Telephone Number)				
Enclosed is a check for the following amount:	,				
\$\frac{1}{5!}\$ \$\sigma \$\frac{5}{25.00}\$ Filing Fee and Certificate of Dissolution	\$55.00 Filing Fee, Certificate of Dissolution &				
b	Certified Copy (additional copy is enclosed)				
·	Po				
	(1)				
MAILING ADDRESS:	STREET/COURIER ADDRESS:				
Registration Section Division of Corporations	Registration Section Division of Corporations				
P.O. Box 6327	Clifton Building				
Tallahassee, FL 32314	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 lia	bility company is		FILED
÷' ≶⊦	iowalter Enterpr	rises LLC.	LUID SEP 1.
þ	0.4		- 3h CHC . PM 5:0
The Articles of Organiza	tion were filed on9	04/2014 an	d assigned AHASSEE. FLORIDE
document number	4000 13840	2	FLORIDE
(effect Note: If the date inserted in		e than 90 days later than date docur applicable statutory filing requi	
. A description of occurrer 605.0707, Florida Statute	ace that resulted in the limits, (copy 605.0707 on back c	ed liability company's dissol cover letter).	ution pursuant to section
y Busine	ss was not o	rotitable enc	ogh.
ti d		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
<u> </u>			
. If there are no members, activities and affairs:	enter the name and address	of the person appointed to w	ind up the company's
to the state of th			
	Austen L SI	howalter	·
in the second			
Signature of an authorize isted above to wind up the	d person or if there are no no	nembers, the signature of the fairs:	person appointed and
A. T.			
A CI	ta	Λ.ί. (! - :	
Signature		Austen Show Printed Na	me
	FILING F	EE: \$25.00	
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