

L14 000 142 003

(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:

Office Use Only



300269224403

02/23/15--01030--014 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 FEB 23 PM 4:21

FILED

MAR 02 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Inspections of South Florida, 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:

Steven J. Owens

(Name of Person)

(Firm/Company)

783 Gloucester Street

(Address)

Boca Raton, FL 33487

(City/State and Zip Code)

For further information concerning this matter, please call:

Steven J. Owens

(Name of Person)

561

479-6009

at (

) (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:

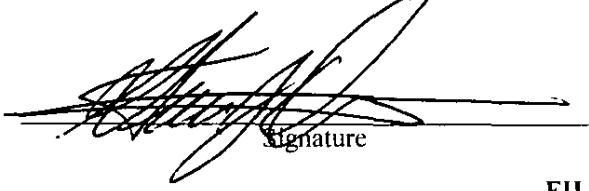
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of a limited liability company is
Inspections of South Florida, LLC.
2. The Articles of Organization were filed on 09/11/2014 and assigned
document number L14000142003
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).
Company Closed

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

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

Steven J. Owens

Printed Name

FILING FEE: \$25.00

2015 FEB 23 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: Inspections of South Florida, LLC.

Document number of Limited Liability Company is: L14000142003

Date of dissolution was: _____

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

Company closed.

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

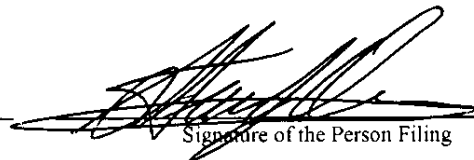
783 Gloucester Street

Boca Raton, FL 33487

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.

Steven J. Owens

Printed Name of the Person Filing


Signature of the Person Filing

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

FILED
2015 FEB 23 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA