

L1400014B173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2017 JUN 28 P 4: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JUN 29 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 20, 2017

ROBERT D BACHMAN
10131 HIGHCREST LANE
NEW PORT RICHEY, FL 34654

SUBJECT: GREEN LEAVES BY BACHMAN, LLC
Ref. Number: L14000143173

We have received your document for GREEN LEAVES BY BACHMAN, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

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.

Deborah Bruce
Regulatory Specialist III

Letter Number: 417A00012524

2017 JUN 28 P 4: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2017 JUN 28 AM 11:28
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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2017

ROBERT D BACHMAN
10131 HIGHCREST LANE
NEW PORT RICHEY, FL 34654

SUBJECT: GREEN LEAVES BY BACHMAN, LLC
Ref. Number: L14000143173

We have received your document for GREEN LEAVES BY BACHMAN, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

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.

Deborah Bruce
Regulatory Specialist III

Letter Number: 617A00011721

RECEIVED
2017 JUN 20 AM 11:28
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TALLAHASSEE, FLORIDA

2017 JUN 28 P 4: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GREEN LEAVES by Bachman, 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:

Robert D. Bachman

(Name of Person)

GREEN LEAVES by Bachman, LLC

(Firm/Company)

10131 HIGHCREST LANE

(Address)

NEW PORT RICHEY, FL 34654

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert D. Bachman

(Name of Person)

at (727) 808-4630

(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

2017 JUN 28 P 4:05
TALLAHASSEE
SECRETARY OF STATE
FLORIDA

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

1. The name of a limited liability company is

GREEN LEAVES by Bachman, LLC

2. The Articles of Organization were filed on 09/12/2014 and assigned

document number L14000143173

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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

* 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).

SOLD 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: _____

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

Robert Bachman
Printed Name

FILING FEE: \$25.00

2017 JUN 28 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED