## L14000157196

(Requ	estor's Name)	
(Address)		
(Addre	ess)	
(City/S	State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
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(Docu	ment Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		

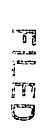
Office Use Only

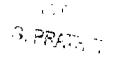


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## **COVER LETTER**

TO:

Registration Section

Division of Corporations	
SUBJECT: BRANCHING DUT (Name of Limited)	SALES + SERVICE LLO d Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitte	d for filing.
Please return all correspondence concerning this matter to the	ne following:
VINCENT A. E.	BRANCHETTI e of Person)
BRANCHING OUT SALE	EST SERVICE LLC (Company)
4940 VINCENN	es St. #103 ddress)
CAPE CORAL F	LA. 33904 and Zip Code)
For further information concerning this matter, please call:	
VINCENT A. BRANCHETTI (Name of Person)	at (239) 980 ~ 4728 (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	STREET/COURIER ADDRESS: Registration Section
P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations Clifton Building 2661 Executive Center Circle
	2001 Exceditte Collect Citele

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
BRANCHING OUT SAles + Service LLC
2. The Articles of Organization were filed on Oct. 8741 2014 and assigned
document number <u></u>
3. The delayed effective date the dissolution if not effective on the date of filing: MAYIL 2019 (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.
<ol> <li>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).</li> </ol>
HEALTH SITUATION Occurred To Prevent Future
business. Renau ARtery Occlusion in my
Kickeys, Have lost over 50% of Both
KICNEYS, SPECIAL WE CICATION has made me TO WEAK TO do THE WOLK SITUATION OF THE BUSINESS.  5. If there are no members, enter the name and address of the person appointed to wind up the company's
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Vincent A. Branchetti
4940 VINCENNES ST. #103
CAPECORAL, FL. 33804
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:
word Burbutt Vincent A. Branchette To Signature Printed Name 20
FILING FEE: \$25.00
FILING FEE: \$25.00