

L14000189870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

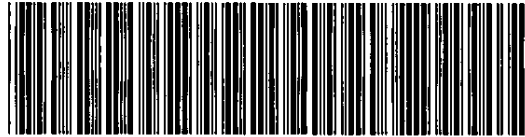
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/15/15--01009--005 **25.00

FILED
15 APR 15 PM 12:20
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

APR 28 2015

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A & D One Recovery, 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:

Andrew Hyman

(Name of Person)

(Firm/Company)

1818 Winn Arthur Dr

(Address)

Valrico, FL 33594

(City/State and Zip Code)

For further information concerning this matter, please call:

Andrew Hyman

(Name of Person)

813

598-3057

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**

FILED
15 APR 15 PM 12:20
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
A & D One Recovery, LLC

2. The Articles of Organization were filed on 12-12-14 and assigned
document number L14000189870

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).

Business never got started.

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

1818 Winn Arthur Dr.

Valrico, FL 33594

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

Andrew M. Hyman

Printed Name

FILING FEE: \$25.00