

L150000 10420

(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



700326487387

03/19/19--01019--012 **\$5.00

FILED
TALLAHASSEE, FLORIDA

2019 APR 15 PM 5:54

FILED

TO LENDON

APR 16 2019

DAVID N. WOODRUFF, CPA

D. N. WOODRUFF, PA

CERTIFIED PUBLIC ACCOUNTANT

1309 N Boulevard
ANDERSON, SOUTH CAROLINA 29621
TELEPHONE (864) 375-1040
FAX (864) 752-0783
EMAIL: woodruffacct@gmail.com

A MEMBER OF THE
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
AND
SOUTH CAROLINA ASSOCIATION
OF CERTIFIED PUBLIC
ACCOUNTANTS

December 28th, 2018

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

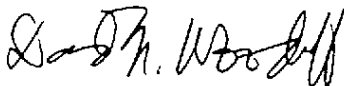
Dear Sirs or Madam:

Enclosed is the form to dissolve a Florida Limited Liability Company for the following:

TAXPAYER	EIN	FL DEPT OF STATE DOC. NO.
BROSIOUS COMPANY LLC	47-2935368	L15000010420

We have also attached confirmation of the original file date, January 20th 2015, and document number of this limited liability company. If you have any questions, or need any additional information, please do not hesitate to contact me.

Sincerely,



David N. Woodruff, CPA
D. N. Woodruff, P.A.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BROSIOUS COMPANY, 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:

David Woodruff CPA

(Name of Person)

D N Woodruff PA

(Firm/Company)

109 McLeod Drive

(Address)

Anderson, SC 29621

(City/State and Zip Code)

For further information concerning this matter, please call:

David Woodruff CPA

(Name of Person)

at (864) 940-3626

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 28, 2019

D.N. WOODRUFF, PA
109 MCLEOD DR
ANDERSON, SC 29621

SUBJECT: BROSIOUS COMPANY, LLC
Ref. Number: L15000010420

We have received your document for BROSIOUS COMPANY, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 4 was not filled out.

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) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 719A00006203

RECEIVED

2019 APR 15 PM 2:52

STATE OF FLORIDA
TALLAHASSEE, FL

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

1. The name of a limited liability company is
BROSIOUS COMPANY, LLC

2019 APR 15 P 9 54

2. The Articles of Organization were filed on 01/15/2015

RECEIVED
TALLAHASSEE, FLORIDA
and assigned

document number L15000010420

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).

LLC OWNER RETIRED @ 12/31/18 AND RESPECTFULLY

REQUESTS THIS LLC BE DISSOLVED EFFECTIVE 12/31/18.

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

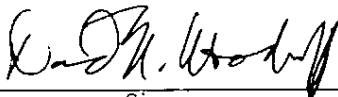
David Woodruff CPA

D N Woodruff PA

109 McLeod Dr

Anderson SC 29621

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

David N Woodruff

Printed Name

FILING FEE: \$25.00

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: BROSIOUS COMPANY, LLC

Document number of Limited Liability Company is: L15000010420

Date of dissolution was: 12-27-2018

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

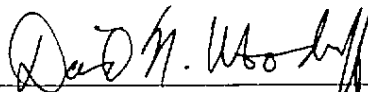
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

D N Woodruff PA
1309 McLeod Drive
Anderson, SC 29621

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.

David Woodruff

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

State of Florida

Department of State

I certify from the records of this office that BROSIOUS COMPANY, LLC is a limited liability company organized under the laws of the State of Florida, filed on January 20, 2015.

The document number of this limited liability company is L15000010420.

I further certify that said limited liability company has paid all fees due this office through December 31, 2016, that its most recent annual report was filed on June 3, 2016, and that its status is active.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Third day of June, 2016*



Ken Dietzner
Secretary of State

Tracking Number: CC7958115320

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>