

L15 0000 24132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

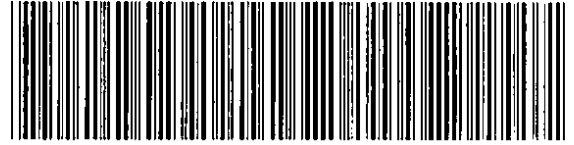
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

2023 JUL 19 PM 5:52

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*W*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Property Inspections by Stetson 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:

Jon Stetson

\_\_\_\_\_  
(Name of Person)

Property Inspections by Stetson LLC

\_\_\_\_\_  
(Firm/Company)

268 SE Villas St.

\_\_\_\_\_  
(Address)

Stuart, FL. 34994

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jon Stetson

\_\_\_\_\_  
(Name of Person)

772

260-2156

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

1. The name of a limited liability company is

Property Inspections by Stetson LLC

2. The Articles of Organization were filed on 02/09/2015 and assigned

document number L15000024132

3. The delayed effective date the dissolution if not effective on the date of filing: N/A  
(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).

I (Jon Stetson) suffer from chronic scapular, neck, and back nerve pain and can no longer perform inspections.

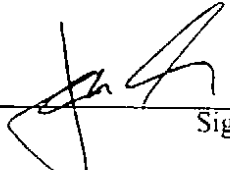
Since I was the licensed inspector, and could no longer do inspections, we had to sell the business. I / we will no

longer be performing inspections or doing business under this entity, and therefore wish for it to be dissolved.

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

Jon Stetson

\_\_\_\_\_  
Printed Name

**FILING FEE: \$25.00**

2025 JUL 19 PM 5:52  
SECRETARY OF STATE  
TALLAHASSEE, FL

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