

L15000056729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

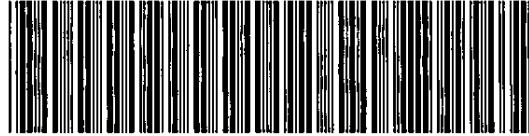
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600280069346

01/22/16--01026--002 **25.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

16 JAN 22 PM 1:58

FILED

JAN 26 2016

Y SULKER

1/21/16

Enclosed are completed documents to dissolve a Florida Limited Liability Company.

UFIT

1165 North Sloan Terrance

Lecanto FL 34461

352-634-0852

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UFIT
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christine Rice
(Name of Person)

UFIT
(Firm/Company)

1165 North Sloan Terr.
(Address)

Leicester FL 34461
(City/State and Zip Code)

For further information concerning this matter, please call

Christine Rice at 352 634-0852
(Name of Person) (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

1. The name of a limited liability company is

UEIT

2. The Articles of Organization were filed on 4/16/15 and assigned

document number

47-363338

3. The delayed effective date the dissolution is 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 to another company

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

Christine Rice

1165 North Slean Ten
Lecanto FL 34461

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

Printed Name

FILING FEE: \$25.00

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

16 JAN 22 PM 1:59

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 UFIT

Document number of Limited Liability Company is _____

Date of dissolution was: _____

Description of information that must be included in a written claim

Sold to another Company

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

Christine Rice
1165 North Stream Way
Deerfield FL 34461

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.

Christine Rice [Signature]
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

RECEIVED
16 JAN 22 PM 1:59
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA