

L15000184592

(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



900284353049

04/22/16--01008--011 **25.00

FILED

2016 APR 22 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
APR 25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Frye Business Solutions, 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:

Jennifer Shoemaker

(Name of Person)

Frye Business Solutions, LLC

(Firm/Company)

78 Wicks rd.

(Address)

Moorpark, CA 93021

(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer Shoemaker

(Name of Person)

at 248 464-0417

(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

2016 APR 22 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Frye Business Solutions, LLC

2. The Articles of Organization were filed on 10/30/2016 and assigned

document number

L15000184592

I do not have this
information.

Please call me if more is needed. (85)

3. The delayed effective date the dissolution if not effective on the date of filing: April 30, 2016
(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).

Never wanted this LLC created. Dissolving because it shouldn't be associated with my name.

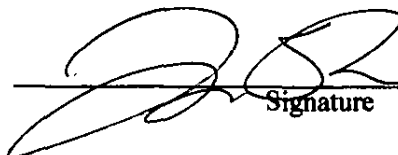
I want to dissolve. Have not made any money.

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

Jennifer Shoemaker

78 Wicks rd. Moorpark, CA 93021

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:

 4/15/16
Signature

Jennifer Shoemaker

Printed Name

FILING FEE: \$25.00