

L15000205465

(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



500292865445

12/05/16--01023--006 **25.00

2016 DEC -5 A 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren
DEC 06 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jim P Handy Man Svcs L.L.C.
(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:

Jim Elliott
(Name of Person)

N/A
(Firm/Company)

5860 38TH Ave N. Apt #28
(Address)

Saint Petersburg FL. 33710
(City/State and Zip Code)

For further information concerning this matter, please call:

Jim Elliott at (727) 800-2345
(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

J And P Handy MAN Svcs LLC

2. The Articles of Organization were filed on 12-9-2015 and assigned

document number L15000205465

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).

Didn't Work out

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

Jim Elliott

5860 38th Ave N Apt #28

Saint Petersburg, FL 33710

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:

James Ray Elliott
Signature

James Ray Elliott
Printed Name

FILING FEE: \$25.00

RECEIVED
DEC - 5 A 10 05
CLERK OF STATE
TAMPA, FLORIDA

FILED