# **L**60001779

(Requestor's Name) (Address)
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PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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Cassel Requester's Name Bethord Wilder Address  SSV-651-6510  City/State/Zip Phone #  Office Use Only	
CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):	
1. Mr. Fix This LLC L1600011779  (Corporation Name) (Document #)	
(Corporation Name) (Document #)	1
3. (Corporation Name) (Document #)	1
4. (Corporation Name) (Document #)	_)
Walk in Pick up time Certified Copy  Mail out Will wait Photocopy Certificate of Status	
NEW FILINGS AMENDMENTS	
Profit Not for Profit Limited Liability Domestication Other  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS REGISTRATION/QUALIFICATION	
Annual Report  Fictitious Name  Limited Partnership  Reinstatement  Trademark  Other	
Examiner's Initials	

#### **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: Mr. Fix This, 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:

Douglas L. Barton	
(Name of Person)	
Mr. Fix This, LLC	
(Firm/Company)	2119
857 E Park Ave	**** <del>***</del>
(Address)	
Tallahassee, FL 32301	(G- 2)
(City/State and Zip Code)	<u> </u>
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and a consuming this matter please call:	٠

For further information concerning this matter, please call:

Douglas L. Barton

at 850 668-4265

(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

l.	The name of a limited liability company is  Mr. Fix This, LLC
2.	The Articles of Organization were filed on and assigned and assigned
	document number
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 b 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).
	All members have consented to the Company's dissolution.
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 li	. Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:
	Douglas L. Barton Printed Name

FILING FEE: \$25.00

## Notice of Limited Liability Company Dissolution

#### NOTE: This page is optional

Printed Name of the Person Filing

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 filling a voluntary dissolution.

Name of Limited Liability Company: Mr. Fix This, LLC	770	
Document number of Limited Liability Company is: L16000011	779	
Date of dissolution was:		
Description of information that must be included in a written claim:		
(a) the name, address, telephone number and e-mail		
of the person or entity making the claim; (b) the amou	int of the claim;	-17
(c) a description of the claim; (d) the date the claim wa	s incurred; and	-
(e) supporting documentation.		ر الله مسار السار
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	200	
Mailing address where claims can be sent: (Claims cannot be sent to the Division	of Corporations)	
Douglas L. Barton		
857 E Park Ave		
Tallahassee, FL 32301		
Tarrations		
A claim against the above named limited liability company will be barred unless claim is commenced within 4 years after the filing of this notice.	a proceeding to enforce t	the
Douglas I Barton	X+	_

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00