

LL 0000 44512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

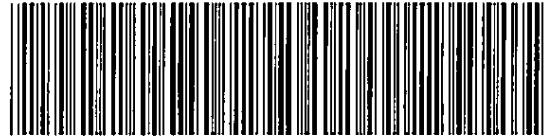
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800405783638

04-01-23--01003--017 **25.00

6/16/23
VLL

FILED
2023 JUN 12 AM 9:00
CLERK OF STATE
TREASURY

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POPPY'S HANDYMAN SERVICE 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:

Tony Petkaitis

(Name of Person)

Poppy's Handyman Service LLC.

(Firm/Company)

2244 Davis Drive

(Address)

New Smyrna Beach Florida 32168

(City/State and Zip Code)

For further information concerning this matter, please call:

Tony Petkaitis

386

690-1673

at (

(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 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
POPPY'S HANDYMAN SERVICE LLC.

2. The Articles of Organization were filed on _____ and assigned
document number L16000044512

3. The delayed effective date the dissolution if not effective on the date of filing: 03/01/2023
(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).

Owner retired do to age of 75

FILED
2023 JUN 12 AM 9:00
SECRETARY OF STATE

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

2244 Davis Dr. New Smyrna Bch FL 32168

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

Tony Petkaitis

Printed Name

FILING FEE: \$25.00