116000090976

(R	equestor's Name)		
(A	ddress)		
(A	ddress)		
(C	ity/State/Zip/Phone	· #)	
PICK-UP	☐ WAIT	MAIL	
(B	usiness Entity Nam	ne)	
(D	ocument Number)		
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



100297833791

04/13/17--01013--002 **25.00

TER INDERES

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Your Castle Contracting, 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:

Lois Durrett				
(Name of Person)				
(Firm/Company)				
3318 Countryside View Drive				
(Address)				
Saint Cloud, Florida 34772				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Lois Durrett 321 437-6054				
(Name of Person) (Area Code & Daytime Telephone Number)				

MAILING ADDRESS:

■ \$25.00 Filing Fee and Certificate of Dissolution

Enclosed is a check for the following amount:

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

☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited Your Castle Contracti		y is	
The Articles of Organ	nization were filed	l onMay 4, 2016	and assigned
document number 1.	16000090976		
Note: If the date inser	ted in this block do		ory filing requirements, this date will not be
A description of occu 605.0707, Florida Stat	rrence that resulte autes, (copy 605.0	ed in the limited liability com 707 on back cover letter).	pany's dissolution pursuant to section
Your Castle Contracting	, LLC ceased to be	economically viable as of Augu	ist 1, 2016 and was no longer in effect.
. If there are no member activities and affairs:	ers, enter the name		ppointed to wind up the company's
	3318 Cour	ntryside View Drive, Saint Cloud	d, Florida 34772
	Amber Br	anstetter and Steve Cummings	
	10422 Mic	ddlerose Lane, Houston, Texas 7	77070-3486
Signature of an autho sted above to wind up t	rized person or if he company's act	there are no members, the sig ivities and affairs:	gnature of the person appointed and
(b) Ow	utt	Lois Durrett	<u></u>
Signa	ure		Printed Name
		FILING FEE: \$25.00	

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: Your Castle Contracting, LLC
Document number of Limited Liability Company is: L16000090976
Date of dissolution was: April 10, 2017
Description of information that must be included in a written claim:
Name of person or company filing a claim along with full address.
Include the date of service, description of job performed,
address where work was done.
Details of issue/complaint. Name and phone # for future
correspondence related to the above.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 3318 Countryside View Drive
Saint Cloud, FL 34772
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.
Lois Durrett Lob Ount
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