16000100614

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



400312856914

05/04/18--01028--006 **25.00

M. MILLIGAN MAY -4 2018

COVER LETTER

TO:

Registration Section Division of Corporations

ABOVE AND BEYOND PAINTING 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:

THOMAS WATSON MGR	
(Name of Person)	
[in care of] FRED DAVIDSON PA	
(Firm/Company)	
P.O.BOX 648	
(Address)	2H, v.
HAVANA, FL 32333	
(City/State and Zip Code)	
	ří.
rmation concerning this matter, please call:	r

For further infor

FRED DAVIDSON

(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

SECRETARY OF STATE
DIVISION OF CORPORATION

1:51

1. The name of a limited lial	vility company is	and a contain
ABOVE AND BEYOND P.	• • •	18 MAY -4 PM
2. The Articles of Organizat		and assigned
document number L 1600	0100614	
Note: If the date inserted in	e the dissolution if not effective on the every date cannot be prior to or more than 90 days a this block does not meet the applicable structive date on the Department of State's received.	atutory filing requirements, this date will not be
4. A description of occurren 605.0707, Florida Statutes	ce that resulted in the limited liability c, (copy 605.0707 on back cover letter).	company's dissolution pursuant to section
INCORPRATED AS A SUB	-CHAPTER S AS OF MARCH 1ST 2018	
	_	
5. If there are no members, e activities and affairs:	nter the name and address of the person THOMAS WATSON [and/or] FREI	., . ,
	P.O. BOX (248	
	Havana, FL 323	,33
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 co	ompany's activities and affairs:	and the same process of the same same
Thomas Water	FRED DAV	'IDSON [for] THOMAS WATSON

FILING FEE: \$25.00

Printed Name

Signature