

L17000044581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

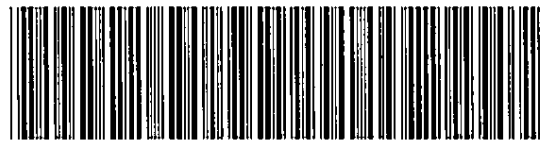
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 AUG 21 A 11:11

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

D BRUCE
AUG 22 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MELVIN SMITH LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

MELVIN SMITH
(Name of Person)

MELVIN SMITH LLC
(Firm/Company)

8291 GIBSON ROAD
(Address)

MOLINO FL 32577
(City/State and Zip Code)

For further information concerning this matter, please call:

MELVIN SMITH at (850) 261 5244
(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

FILED
2017 AUG 21 AM 11:14
TALLAHASSEE, FL 32301

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

MELVIN SMITH LLC

2. The Articles of Organization were filed on FEB 14, 2017 and assigned

document number L17000044581

3. The delayed effective date the dissolution if not effective on the date of filing: MAY 1 2017
(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).

I AM NOT PHYSICALLY ABLE TO DO THIS
WORK AND THOUGHT I COULD. I CAN NOT!
I DID NOT EVEN DO A JOB OR GET
A TAX NUMBER.

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

MELVIN SMITH
8291 GIBSON RD
MOLINO FL 32577

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:

Melvin Smith
Signature

MELVIN SMITH
Printed Name

FILING FEE: \$25.00

TALLAHASSEE, FLORIDA

2017 AUG 21 A 11:11

FILED