# L17000080489

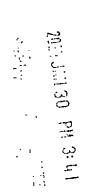
(Re	equestor's Name	)		
(Ac	idress)			
(Ac	dress)			
(Cit	ty/State/Zip/Phor	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Na	ime)		
(Document Number)				
Certified Copies	_ Certificate	es of Status		
Special Instructions to	Filing Officer:			
<u></u>				

Office Use Only



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## COVER LETTER

	gistration Section vision of Corporations			
CHD IECT.	Epps Services LLC			
SUBJECT:		ted Liability Compar	ny)	
The enclose	d Articles of Dissolution and fee(s) are submi	tted for filing.		
Please return	n all correspondence concerning this matter to	the following:		
	Harvey L Epperson			
	(Na	me of Person)	-,,	
	Epps Service LLC			
(Firm/Company)				
15215 Livingston Avenue Apt 40				
		(Address)	<del>_</del>	
	Lutz, FL 33559			•
	(City/St	ate and Zip Code)		1.1
For further i	information concerning this matter, please call	1:		- (5) pri
Ha	arvey L Epperson	813 at (	507-5168	
	(Name of Person)	(Area Co	) de & Daytime Telephone l	Number)
Enclosed is a	check for the following amount:			
☐ \$2 <i>5</i>	5.00 Filing Fee and Certificate of Dissolution		Fee, Certificate of Dissolu ppy (additional copy is enc	
Mailing Address: Registration Section Division of Corporations		Street Address: Registration Division of C	Section	
	O. Box 6327 Illahassee, FL 32314		f Tallahassee iroe Street, Suite 81) FL 32303	0

### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

Epps Services LLC	:u паониу	company is				
2. The Articles of Orga	inization w	ere filed on April 10, 2017	and assigned			
document number L	.170000804	89				
Note: If the date inse	erted in this	dissolution if not effective on the ecannot be prior to or more than 90 day block does not meet the applicable date on the Department of State's	statutory filing requirements, this date will not b			
4. A description of occ 605,0707, Florida Sta	urrence the	at resulted in the limited liability by 605,0707 on back cover letter	company's dissolution pursuant to section ).			
Due to Physical condit	ion it has b	een recomend the business fold. It h	as alway been a one person business and dus			
to Legs problems walk	ing and bac	k problems. Which has presented p	roblems enough to where shot and fluid has			
been injected to help m	novement. T	he business has not been active sine	ce June 20, 2023 for the physical reasons			
metion above, Referan	ce ID 3813	456807CC   FEI/EIN # 82-1172647	PH CO			
5. If there are no members, en activities and affairs:		the name and address of the pers larvey L Epperson	ion appointed to wind up the companyls			
	1	15215 Livingstion Avenue Apartment 40				
		Lutz, F1, 33559				
	_					
<ol><li>Signature of an auth above to wind up the co</li></ol>	orized pers ompany's a	on or if there are no members, the tivities and affairs:	he signature of the person appointed and liste			
Almost Com	ر الموج	Harvey L	. Epperson			
J J Sign	ature		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:	
Document number of Limited Liability Company is:	
Date of dissolution was: June 20, 2023	
Description of information that must be included in a written claim:	
1, Harvey L Epperson, claim there has been no work since June 20, 2023 due to physical condition going down a	•
not being able to work. Not standing long times or walking distance. I have become 80% with the VA disability.	<u>5</u>
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77-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	
Harvey L Epperson	
15215 Livingstion Avenue Aptartment 40	
Lutz, FL 33559	

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.

Harvey L Epperson

Printed Name of the Person Filing

Signature of the Person Filing