

L17000136677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

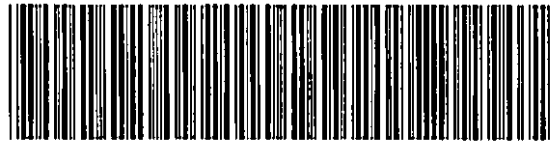
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/17/19--01013--015 **25.00

2019 MAY 13 PM 2:34

ALL DIS

MAY 13 2019
I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Doctor House Handy Man, 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:

Julio A Bautista

(Name of Person)

(Firm/Company)

6111 Mission Dr

(Address)

Lakeland FL 33812

(City/State and Zip Code)

For further information concerning this matter, please call:

Julio A Bautista

(Name of Person)

at 585 313-0651

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 26, 2019

JULIO A. BAUTISTA
6111 MISSION DR
LAKELAND, FL 33812

SUBJECT: DOCTOR HOUSE HANDY MAN, LLC
Ref. Number: L17000136677

We have received your document for DOCTOR HOUSE HANDY MAN, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must include a description of the information that must be included in a claim.

You must include the description of information that must be included in a written claim against you if you wish to include the enclosed Notice of Dissolution with your filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 019A00008399

RECEIVED

2019 MAY 13 AM 11:50

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

2019 JUN 13 PM 2:34

1. The name of a limited liability company is

DOCTOR HOUSE HANDY MAN, LLC

2. The Articles of Organization were filed on 06/07/2017 and assigned

document number L17000136677

3. The delayed effective date the dissolution if not effective on the date of filing: 04/02/2019
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

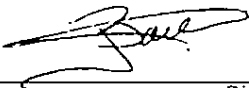
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

The owner took a job offer that it made more
sense financially.

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

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

Julio A Bautista

Printed Name

FILING FEE: \$25.00