

L18000098272

(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:

Wrong Form

Office Use Only



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04/22/19--01003--0.00 \*\*150.00

R. WHITE  
MAY 15 2019

2019 APR 22 PM 12:18  
FILED  
TALLAHASSEE  
FLA.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CIRCA MECHANICAL 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:

ROBIN O'CONNOR

(Name of Person)

LICENSE EXAM SERVICES, LLC

(Firm/Company)

4713 WEBBER ST

(Address)

SARASOTA, FL 34232

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBIN OCONNOR

(Name of Person)

at ( 941 ) 706-2336

(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**

FILED  
2019 APR 22 PM 12:18  
S.E.A.  
T.L.

1. The name of a limited liability company is  
CIRCA MECHANICAL, LLC
2. The Articles of Organization were filed on 04/18/2018 and assigned  
document number L18000098272
3. The delayed effective date the dissolution if not effective on the date of filing: 03/29/2018  
(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 Florida company of Circa Mechanical is being absorbed by the GA company of Circa Mechanical  
to streamline operations.
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:  
ADAM ROSS  
4417 13TH STREET, STE 192 SAINT CLOUD, FL 34769
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]  
Signature

ADAM ROSS  
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: CIRCAL MECHANICAL LLC

Document number of Limited Liability Company is: L18000098272

Date of dissolution was: 3/29/2019

Description of information that must be included in a written claim:

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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

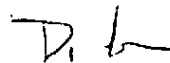
12850 HWY 9, STE 600-246

ALPHARETTA, GA 30004

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.

DAVID GORDON

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**