# L18000152043

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Taylor Installations Grup Ll (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:
Shawn taylor (Name of Person)
Taylor Installations Group LLC (Firm/Company)
1101 521 th Ave S. (Address)
ST. Petersburg FL 33705 (City/State and Zip Code)
For further information concerning this matter, please call:
Shawn Taylor at (727) 2-52-8837 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:  \$\frac{1}{5}\$25.00 Filing Fee and Certificate of Dissolution  \$\text{Certified Copy (additional copy is enclosed)}\$
MAILING ADDRESS. STREET/COURIER ADDRESS.

### 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

i.	. The name of a limited liability company is		
	Taylor Installations Group LLC		
2.	The Articles of Organization were filed on June 20, 2018 and assigned		
	document number <u>L18000152043</u>		
3.	The delayed effective date the dissolution if not effective on the date of filing:  (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 blisted 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).		
	It was a sub-contract		
	business and the contract		
	expired.		
5.	If there are no members, enter the name and address of the person appointed to wind up the company's		
	activities and affairs:		
	1101 54th Ave S.		
	St. Petersburg, FL 33765		
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:		
	Signature Shawn Taylor 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: Taylor 1 Stallators Grave LLC
Document number of Limited Liability Company is: L18000152043
Date of dissolution was: 1-20-2019
Description of information that must be included in a written claim:
date names detailed description
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
1101 54th Ave.S.
ST Petershing FL 33705
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.
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