

L18000291083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

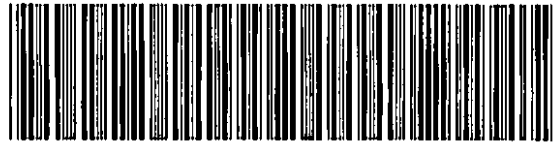
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600346813996

07/22/20--01:00--011 +\$25.00
RECEIVED

JUL 15 2020

SECRETARY OF STATE
TALLAHASSEE, FL

2020 JUL 15 AM 7:56

FILED

D. BRUCE

AUG 27 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Somerset Maintenance, 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:

Angela Kleinman

(Name of Person)

Somerset Maintenance, LLC

(Firm/Company)

9460 Troncias Circle

(Address)

Thonotosassa, FL 33592

(City/State and Zip Code)

For further information concerning this matter, please call:

Angela Kleinman 214 808-6149

(Name of Person) at () (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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FL

2020 JUL 15 AM 7:56

FILED

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

1. The name of a limited liability company is

Somerset Maintenance, LLC

2. The Articles of Organization were filed on December 18, 2018 and assigned

document number L18000291083

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 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).

An event or circumstance that the operating agreement states causes dissolution

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

9460 Troncias Circle

Thonotosassa, FL 33592

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

Angela Kleinman

Printed Name

FILING FEE: \$25.00

2020 JUL 15 AM 7:56
STATE OF FLORIDA
TALLAHASSEE, FL

FILED