

L19 000040236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

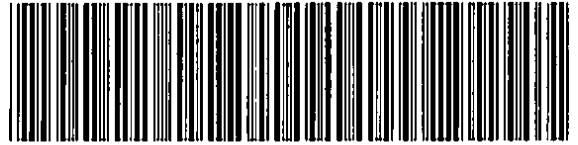
(Business Entity Name)

(Document Number)

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2020 MAR 23 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

MAR 24 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dissolve of a Floida 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:

James Miller

(Name of Person)

Home Watch of ST. Johns

(Firm/Company)

253 S Bellagio Dr

(Address)

ST Augustine, Florida 32092

(City/State and Zip Code)

For further information concerning this matter, please call:

James Miller

513

535 7059

at (_____) _____

(Name of Person)

(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

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

1. The name of a limited liability company is

Home Watch of ST Johns

2. The Articles of Organization were filed on 2/8/2019 and assigned

document number L19000040236

3. The delayed effective date the dissolution if not effective on the date of filing: 2/12/2020

(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).

Retirement and lack of income of any kind

Retirement and lack of income of any kind

Retirement and lack of income of any kind

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

253 S. Bellagio Dr.

ST. Augustine FL 32092

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:

James E. Miller
Signature

JAMES E. MILLER
Printed Name

FILING FEE: \$25.00