

L 19000/35326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

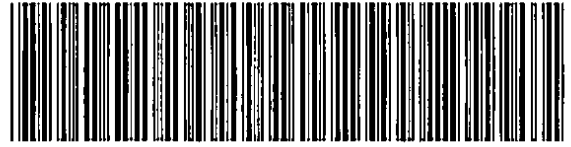
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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07/18/19--01027--006 **25.00

19 JUL 18 PM 4:29
CLERK OF STATE
DIVISION OF CORPORATION

LLC
Valid is.

7/29/19
DC

Aaron's Plumbing Corp.

4022 SW Carpenter Road

Lake City, Florida 32024

Ph (386) 365-1667

Aaronsplumbing@aol.com

Date: 6/6/19

CC: Carlos Rico

Re: Aaron's Plumbing LLC
L19000135326

I Aaron Hokanson president of Aaron's Plumbing LLC have no intention of using this LLC for any use of business.

I Aaron Hokanson have made a mistake on opening the LLC before getting the proper paper work in & done with the Department of Business and Professional Regulation before opening with the LLC.

Signature Aaron Hokanson

Date 6/6/19



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2019

AARON HOKANSON
AARON'S PLUMBING LLC
4022 SW CARPENTER ROAD
LAKE CITY, FL 32024

SUBJECT: AARON'S PLUMBING LLC
Ref. Number: L19000135326

We have received your document for AARON'S PLUMBING LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

YOU MUST FILE ARTICLES OF DISSOLUTION DISSOLVING THE LIMITED LIABILITY COMPANY BEFORE THE CORPORATION CAN FILE THE REVOCATION OF DISSOLUTION WITH OUR OFFICE.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 119A00013165

RECEIVED

JUL 18 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aaron's Plumbing 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:

Aaron Hokanson
(Name of Person)

Aaron's Plumbing Corp.
(Firm/Company)

4022 SW Carpenter Rd.
(Address)

Lake City, FL 32024
(City/State and Zip Code)

For further information concerning this matter, please call:

Aaron Hokanson at (386) 365-1667
(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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of a limited liability company is

Aaron's Plumbing LLC

2. The Articles of Organization were filed on 5/16/19 and assigned

document number L19000135326

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).

opened before all proper paper work was done
with DBPR

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

Aaron Hokanson
4000 SW Carpenter Rd.
Lake City, FL 32004

19 JUL 18 PM 4:29

DEPT. OF STATE
DIVISION OF CORPORATIONS

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:

Aaron Hokanson
Signature

Aaron Hokanson
Printed Name

FILING FEE: \$25.00