

L19000185232

(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



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03/31/21--01016--016 **25.00

2021 MAY 31 AM 9:25
FALL RIVER
MASS. REG.

D. BRUCE
MAY 21 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ocala Tool and Paint

(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:

Paul Nevels

(Name of Person)

Ocala Tool and Paint

(Firm/Company)

221 NE 50 CT

(Address)

Ocala, FL 34470

(City/State and Zip Code)

For further information concerning this matter, please call:

Paul Nevels

352

454-4398

iii

(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

2021 MAR 31 AM 9:25
STANDARD
FALL 2020
NUMBER)

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

1. The name of a limited liability company is

Ocala Tool and Paint

2. The Articles of Organization were filed on July 19, 2019 and assigned

document number L19000185232

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).

Have chosen dissolution as the LLC is no longer conducting business

Have chosen dissolution as the LLC is no longer conducting business

Have chosen dissolution as the LLC is no longer conducting business

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

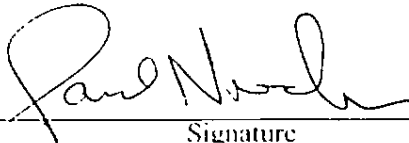
activities and affairs:

Paul Nevels

221 NE 50 CT

OCALA FL 34470

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

Paul Nevels

Printed Name

FILING FEE: \$25.00

2021 MAR 31 AM 9:25
FILED
TALLAHASSEE
FLORIDA