

L20000 232852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2022 JUL 26 PM 3:56

JUL 26 2022

M. SOLOMON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Givens Home Improvement 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:

MELINDA GIVENS  
(Name of Person)

Givens Home IMPROVEMENTS LLC  
(Firm/Company)

8921 DOROTHY FARRIS RD  
(Address)

SOUTH PORT FL 32409  
(City/State and Zip Code)

For further information concerning this matter, please call:

MELINDA GIVENS at ( 850 ) 257-4071  
(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

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

1. The name of a limited liability company is

GIVENS HOME IMPROVEMENT LLC

2. The Articles of Organization were filed on August 3, 2020 and assigned

document number 620000232852

3. The delayed effective date the dissolution if not effective on the date of filing: MAY 3, 2022  
(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).

DEATH IN THE FAMILY

ILLNESS OF ELDERLY PARENTS

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

MELINDA GIVENS

8921 DOROTHY FARRIS RD

Southport, FL 32409

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:

Melinda J. Givens  
Signature

MELINDA J. GIVENS  
Printed Name

**FILING FEE: \$25.00**

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 1, 2022

MELINDA GIVENS  
8921 DOROTHY FARRIS RD  
SOUTHEAST, FL 32409

SUBJECT: GIVENS HOME IMPROVEMENTS LLC  
Ref. Number: L20000232852

We have received your document for GIVENS HOME IMPROVEMENTS LLC .  
However, the enclosed document has not been filed and is being returned to you  
for the following reason(s):

Need an address for Melinda Givens on line item number 5.

If you have any questions concerning the filing of your document, please call  
(850) 245-6051.

Mel Solomon  
Senior Section Administrator

Letter Number: 022A00014947

*Rec'd  
7-26-22*