

L21 000472959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

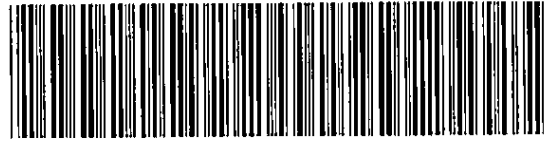
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
APR - 5 2023

Office Use Only



000401138470

02/01/23--01026--003 \*\*25.00

2023 FEB -1 PM 1:00  
J. HORNE  
APR - 5 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Precision Bookkeeping 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:

Tamara L Dean  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

4535 Seville Avenue  
(Address)

Cocoa, FL 32926  
(City/State and Zip Code)

For further information concerning this matter, please call:

Tamara L Dean at ( 321 ) 537-8898  
(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**

2023 FEB 11 PM 1:01  
SECRETARY  
STATE OF FLORIDA

1. The name of a limited liability company is

Precision Bookkeeping LLC

2. The Articles of Organization were filed on 11-1-21 and assigned

document number L21000472959

3. The delayed effective date the dissolution if not effective on the date of filing: 1-29-23

(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).

Unable to establish clients in a timely manner  
to support myself, financially.

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

4535 Seville Avenue

Cocoa, FL 32926

321-537-8898

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:

Tamara L Dean  
Signature

Tamara L Dean  
Printed Name

**FILING FEE: \$25.00**