

L23 0002105163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

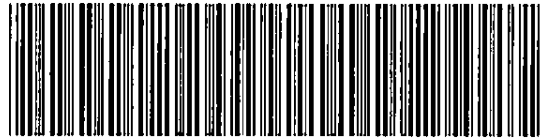
(Document Number)

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J. HORNE  
AUG - 8 2024

Office Use Only



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07/30/24--01010--024 \*\*25.00

2024 08 08 10:04

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TERLONGE AND FRAZIER HANDY SOLUTIONS, LLC  
\_\_\_\_\_  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and feets) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CRAIG FRAZIER

\_\_\_\_\_  
(Name of Person)

TERLONGE AND FRAZIER HANDY SOLUTIONS, LLC

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

2541 NW 11TH ST

\_\_\_\_\_  
(Address)

POMPANO BEACH FL 33069

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

CRAID FRAZIER

754

268-5523

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**

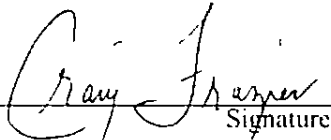
2024 JUN 10 3:04

1. The name of a limited liability company is  
TERLONGE AND FRAZIER HANDY SOLUTIONS, LLC
2. The Articles of Organization were filed on 04/28/2023 and assigned  
document number L23000210563
3. The delayed effective date the dissolution if not effective on the date of filing: 08/01/2024  
(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).  
BUSINESS HAS NOT BEEN USED

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

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

CRAIG FRAZIER  
Printed Name

**FILING FEE: \$25.00**