

L24000445985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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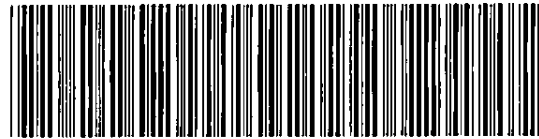
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/13/24--01001--009 **25.00

FILED

2024 DEC 13 AM 10:04

TALLAHASSEE, FLORIDA

2024 DEC 13 AM 8:54

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: On-Site Specialty Cleaning and Restoration, Inc.
(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:

*Caplan
Fields*
Mark A. Smith

(Name of Person)

Carey O'Malley Whitaker Mueller Roberts & Smith PA

(Firm/Company)

712 S. Oregon Avenue

(Address)

Tampa, FL 33606

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark A. Smith

(Name of Person)

at (813) 250-0577

(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

FILED

2024 DEC 13 AM 10: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

On-Site Specialty Cleaning and Restoration, LLC

2. The Articles of Organization were filed on October 18, 2024 and assigned

document number L24000445985

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).

Filing was undertaken in error. On-Site Specialty Cleaning and Restoration, LLC is a

foreign LLC and was supposed to be registered as a foreign LLC. On-Site is filing an

Application by Foreign Limited Liability Company for Authorization to Transact Business

in Florida.

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

Mark A. Smith

Printed Name

FILING FEE: \$25.00

AFFIDAVIT OF MARK A. SMITH

BEFORE ME, this day personally appeared Mark A. Smith, who upon oath, deposes and says:

1. My name is Mark A. Smith. I am over 21 years of age and I have personal knowledge of the statements below.

2. I am the attorney who is assisting On-Site Specialty Cleaning and Restoration, LLC. ("On-Site"). I make this affidavit based on my personal knowledge.

3. On-Site is a Michigan limited liability company.

4. On-Site did not intend to file as a limited liability company with the State of Florida.

5. On-Site intended to register as a Michigan limited liability company doing business in the State of Florida.

6. On-Site is dissolving its Electronic Articles of Organization for Florida Limited Liability Company and is submitting its Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida.

7. On behalf of On-Site, I have the authorization to release and dissolve the Florida limited liability company name On-Site Specialty Cleaning and Restoration, LLC so the name can be used by the foreign limited liability company.

Under penalties of perjury, I declare that I have read the foregoing and the facts stated in it are true.

FURTHER AFFIANT SAYETH NOT.



STATE OF Florida
COUNTY OF Hillsborough

Sworn to and subscribed before me this 22nd day of November, 2024 by Mark A. Smith who is personally known to me or who has produced _____ as identification.

NOTARY PUBLIC
STATE OF FLORIDA


Signature of Notary Public

[SEAL]

Barbara L. Sickimich
Typed Printed Name of Notary Public
My Commission Expires: 3-31-27

