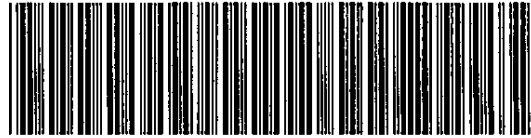


L12000112393



400291449344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

10/24/16--01043--029 **25.00

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TALLAHASSEE, FLORIDA

D. SCOTT

OCT 25 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PREMIUM BRAZILIAN DECKING 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:

DEBRA BECKER
(Name of Person)

PREMIUM BRAZILIAN DECKING
(Firm/Company)

1207 SHERMAN AVE.
(Address)

TAVANES FL. 32778
(City/State and Zip Code)

For further information concerning this matter, please call:

DEBRA BECKER at (352) 508-5328
(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)

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TALLAHASSEE, FLORIDA

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

PREMIUM BRAZILIAN DECKING LLC

2. The Articles of Organization were filed on 8-31-12 and assigned

document number L12000112393

3. The delayed effective date the dissolution if not effective on the date of filing: 9-23-16
(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).

OUT OF BUSINESS

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

DEBRA BECKER

1207 SHERMAN AVE.

TAVARES, FL. 32778

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

DEBRA A. BECKER
Printed Name

FILING FEE: \$25.00

OCT 24 AM 3:32
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA