112000 146 159

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(Address)
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(City/State/Zip/Phone #)
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COVER LETTER

TO: Registration Section

Division of Corporations

Dissolution of UC SUBJECT: _____ DOCUMENT NUMBER: L12000146159 The enclosed Notice of Limited Liability Company Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) Tallahassee, FL 32303 (City/State and Zip Code) For further information concerning this matter, please call: at (<u>850</u>) <u>844, 556.4575</u> (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: \$25 Filing Fee \$30 Filing Fee & □ \$60 Filing Fee. □ \$55 Filing Fee & Certificate of Status Certified Copy Certificate of Status & (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) MAILING ADDRESS: STREET ADDRESS: Amendment Section Amendment Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	lity company is	
Caribbean Her	rilage Concepts, UC	·
2. The Articles of Organizatio	on were filed on $11/19/2012$ and assigned	
document number <u>L 120</u>	000 146/59	
Note: If the date inserted in t	the dissolution if not effective on the date of filing: May 1, 2de date cannot be prior to or more than 90 days later than date documents receive this block does not meet the applicable statutory filing requirements, this ctive date on the Department of State's records.	of G d for filing) date will not
. A description of occurrence 605.0707, Florida Statutes, (e that resulted in the limited liability company's dissolution pursu (copy 605.0707 on back cover letter).	ant to section
	of Single member	
	J	
·		19
		AP
		-23
i. If there are no members, en	iter the name and address of the person appointed to wind up the c	company's ဘ
	411 Williams St	
	Tallahussee FL 32303	
6. Signature of an authorized plisted above to wind up the cor	person or if there are no members, the signature of the person app mpany's activities and affairs:	ointed and
1/2/	ell R. Marvin Cook	

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Caribbean Herriage Concepts, LC
Document number of Limited Liability Company is: <u>L12000 146 159</u>
Date of dissolution was: 31 December 2018
Description of information that must be included in a written claim:
date of claim
nature of claim
annount of claim
backup material to substantiate nature of claim
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) HI Williams St. Tall aliassee, Ft. 30303
A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice. R: Marvin (ook)r. Gold and Gold a
Printed Name of the Person Filing Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00