

LD1000006985

Requester's Name

1000 PARKVIEW DR #1018

HALLANDALE FL 33009

City/State/Zip

Phone #

700005309637-9
-04/19/02-01092-002
*****25.00 *****25.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Tropical Creations Wholesale LLC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- Walk in
- Mail out
- Pick up time
- Will wait
- Certified Copy
- Photocopy
- Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

02 APR 19 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED AND

Examiner's Initials UB
4/24/02

**ARTICLES OF DISSOLUTION
FOR
A FLORIDA LIMITED LIABILITY COMPANY**

1. The name of the limited liability company is TROPICAL CELESTIONS WHOLESALE LLC

2. The effective date of the limited liability company's dissolution is 12/31/2001

3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to Section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

BUSINESS NOT FEASIBLE - DISCONTINUED

4. **CHECK ONE:**

All debts, obligations and liabilities of the limited liability company have been paid or discharged.

-OR-

Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

5. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

6. **CHECK ONE:**

There are no suits pending against the company in any court.

-OR-

Adequate provision has been made for the satisfaction of any judgment, order or decree, which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Typed or Printed name

[Handwritten Signature]

WILLIAMS JEFFREYS MEYER
ANTHONY JOHN BALE

02 APR 19 PM 2:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APPROVED
AND
FILED

Filing Fee: \$25.00

*sent check
pers 201
4/13/02*