

LO3000037741

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(Address)

(City/State/Zip/Phone #)

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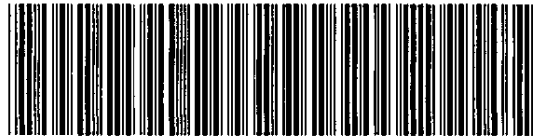
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 SEP 18 PM 1:34

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RENAISSANCE MASTER STONECARE, 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:

AMBER JADE F. JOHNSON, ESQUIRE  
(Name of Person)

LAW OFFICES OF AMBER JADE F. JOHNSON, P.A.  
(Firm/Company)

1201 S. ORLANDO AVENUE, SUITE 350  
(Address)

WINTER PARK, FLORIDA 32789  
(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

AMBER JADE F. JOHNSON at ( 407 ) 786-2388  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**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  
**RENAISSANCE MASTER STONECARE, LLC.**

2. The Articles of Organization were filed on **OCTOBER 2, 2003** and assigned document number  
**L03000037741**

3. The date the dissolution was approved: \_\_\_\_\_, **2009**

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

**UPON WRITTEN CONSENT OF ALL THE MEMBERS OF THE LIMITED  
LIABILITY COMPANY**

**5. 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. 608.442.

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

**7. 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

Printed Name

*[Handwritten signatures: Barbara L. Cito, Joseph M. Cito, Ronald Haag, Lecretia Haag]*



**SIGN  
HERE**

**BARBARA L. CITO**  
**JOSEPH M. CITO**  
**RONALD HAAG**  
**LECRETIA HAAG**

**FILING FEE: \$25.00**

2009 SEP 18 PM 1:34  
CLERK OF CIRCUIT COURT  
ALACHUA COUNTY, FLORIDA

**FILED**

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UPON WRITTEN CONSENT OF ALL THE MEMBERS OF THE LIMITED  
LIABILITY COMPANY

5. **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 608.4421.

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

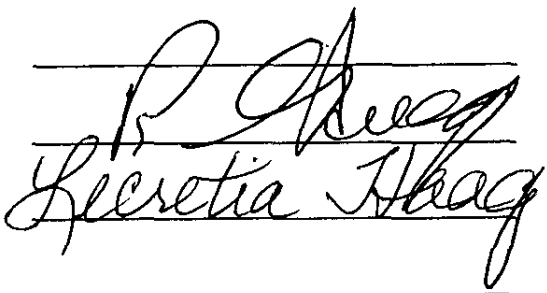
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Signature

Printed Name

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEBRA L. CITO

JOSEPH M. CITO

RONALD HAAG

LECRETIA HAAG

FILED  
2009 SEP 18 PM 1:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA