

L03000048467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

J. HORNE
MAY 21 2024

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000428663760

04/30/24--01011--008 **25.00

FILED
2024 APR 30 PM 1:33
CLERK OF COURT
JUDICIAL DISTRICT OF ALABAMA
MONTGOMERY

4/23/24

To whom it may concern:

I, Samuel Moore, am dissolving the LLC of Sam Moore Interiors. My telephone # is 407-721-7025 and my return address is:

212 Bevis Circle
Huntington, WV 25705.

I am retiring and moving out of the state of Florida

Thankyou,

Samuel A. Moore

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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sam Moore Interiors Limited Liability Company

(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:

Samuel Moore

(Name of Person)

Sam Moore Interiors, LLC

(Firm/Company)

2459 Woodside Ridge Dr

(Address)

Apopka, FL 32712

(City/State and Zip Code)

For further information concerning this matter, please call:

Samuel Moore

(Name of Person)

407 721-7025
at (_____) _____
(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**

1. The name of a limited liability company is

Sam Moore Interiors, LLC

2. The Articles of Organization were filed on 12/1/2003 and assigned

document number L03000048467

3. The delayed effective date the dissolution if not effective on the date of filing: 4/30/2024
(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).

Retiring and moving out of the state of 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: Samuel Moore

212 Bevis Circle

Huntington, WV 25705

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

Samuel Moore

Printed Name

FILING FEE: \$25.00

FILED
2024 APR 30 PM 1:34
DEPT. OF STATE
HALL OF RECORDS
TALLAHASSEE, FL