

LD3000050172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

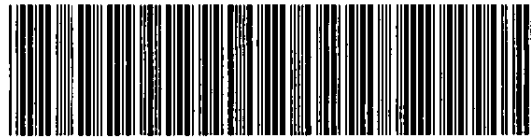
Special Instructions to Filing Officer:

L. SELLERS

APR - 6 2009

EXAMINER

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300148523283

04/06/09--01008--005 **30.00

FILED

09 APR -6 AM 8:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CUSTOMIZED PAINTING, 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:

BESSIE D. STRICKLAND

(Name of Person)

CUSTOMIZED PAINTING, LLC

(Firm/Company)

3105 E. 8TH ST.

(Address)

SPRINGFIELD, FL 32401

(City/State and Zip Code)

For further information concerning this matter, please call:

BESSIE D. STRICKLAND

(Name of Person)

at (850) 819-0815

(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

FILED

09 APR -6 AM 8:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. The name of a limited liability company is
CUSTOMIZED PAINTING, LLC

2. The Articles of Organization were filed on 12/04/2003 and assigned document number
L03000050172

3. The date the dissolution was approved: 01/01/2009

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).
ONE OF THE MANAGING MEMBERS HAS BECOME DISABLED AND UNABLE TO WORK.

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. 608.4421.

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
Bessie D. Strickland
Yancy K. Strickland

Printed Name

BESSIE D. STRICKLAND

YANCY K. STRICKLAND