L03000052788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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JB

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Northwest Florida Carpenters, 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:

Laura K. Cedeño
(Name of Person)

(Firm/Company)

10240 BOWMAN AVENUE
(Address)

PENSACOLA, FL. 32534-1104
(City/State and Zip Code)

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For further information concerning this matter, please call:

Laura Cedeño at (850) 477-0878
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- [X] $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
Northwest Florida Carpenters, LLC

2. The Articles of Organization were filed on December 15, 2003 and assigned document number
L03000052788.

3. The date the dissolution was approved: December 31, 2006.

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).
The owner of Northwest Florida Carpenters, Mr. Ralph E. Cedeño died on December 12, 2006

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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	Printed Name
Laura K. Cedeño (wife of the deceased)	Laura K. Cedeño

FILING FEE: $25.00

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

FLORIDA CERTIFICATE OF DEATH

TYPE IN PERMANENT INK

LOCAL FILE NO. 3944

DEMOGRAPHIC INFORMATION TO BE COMPLETED BY: FUNERAL DIRECTOR

1. DECEDENT'S NAME (First, Middle, Last, Suffix): Ralph Edward Cedeno						2. SEX: Male
3. DATE OF BIRTH (Month, Day, Year): July 10, 1960	4a. AGE-Last Birthday (Years): 46	4b. UNDER 1 YEAR: Months	Days	4c. UNDER 1 DAY: Hours	Minutes	5. DATE OF DEATH (Month, Day, Year): December 12, 2006
6. SOCIAL SECURITY NUMBER: 561-31-2694	7. BIRTHPLACE (City and State or Foreign Country): Brooklyn, New York			8. COUNTY OF DEATH: Escambia		

9. PLACE OF DEATH (Check only one) HOSPITAL: X Inpatient ___ Emergency Room/Outpatient ___ Dead on Arrival
NON-HOSPITAL: ___ Hospice Facility ___ Nursing Home/Long Term Care Facility ___ Decedent's Home ___ Other (Specify)

10. FACILITY NAME (If not institution, give street address): Sacred Heart Hospital	11a. CITY, TOWN, OR LOCATION OF DEATH: Pensacola	11b. INSIDE CITY LIMITS? X Yes ___ No
12. MARITAL STATUS (Specify): X Married ___ Married, but Separated ___ Widowed ___ Divorced ___ Never Married	13. SURVIVING SPOUSE'S NAME (If wife, give maiden name): Laura Kaye Hess	
14a. RESIDENCE - STATE: Florida	14b. COUNTY: Escambia	14c. CITY, TOWN, OR LOCATION: Pensacola
14d. STREET ADDRESS: 10240 Bowman Avenue	14e. APT. NO.	14f. ZIP CODE: 32534
14g. INSIDE CITY LIMITS? X Yes ___ No		
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Do not use "Retired": Framing Carpenter	15b. KIND OF BUSINESS/INDUSTRY: Construction	

16. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.)
X White ___ Black or African American ___ American Indian or Alaskan Native (Specify tribe)
___ Asian Indian ___ Chinese ___ Filipino ___ Japanese ___ Korean ___ Vietnamese ___ Other Asian (Specify)
___ Native Hawaiian ___ Guamanian or Chamorro ___ Samoan ___ Other Pacific Isl. (Specify) ___ Other (Specify)

17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? X Yes (If Yes, specify) ___ No ___ Mexican X Puerto Rican ___ Cuban ___ Central/South American
(Specify if decedent was of Hispanic or Haitian Origin.) ___ Other Hispanic (Specify) ___ Haitian

18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) ___ 8th or less ___ High school but no diploma ___ High school diploma or GED ___ College but no degree ___ College degree (Specify): ___ Associate X Bachelor's ___ Master's ___ Doctorate	19. WAS DECEDENT EVER IN U.S. ARMED FORCES? X Yes ___ No
20. FATHER'S NAME (First, Middle, Last, Suffix): Daniel Cedeno	21. MOTHER'S NAME (First, Middle, Maiden Surname): Dorena Rivera
22a. INFORMANT'S NAME: Laura Kaye Cedeno	22b. RELATIONSHIP TO DECEDENT: Wife / 23a. INFORMANT'S MAILING - STATE: Florida
23b. CITY OR TOWN: Pensacola	23c. STREET ADDRESS: 10240 Bowman Avenue / 23d. ZIP CODE: 32534
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eastern Gate Memorial Gardens	25a. LOCATION - STATE: Florida / 25b. LOCATION - CITY OR TOWN: Pensacola
26a. METHOD OF DISPOSITION: X Burial ___ Entombment ___ Cremation ___ Donation ___ Removal from State ___ Other (Specify)	
26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? ___ Yes ___ No	27a. LICENSE NUMBER (of Licensee): FE 3345 / 27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
28. NAME OF FUNERAL FACILITY: Eastern Gate Funeral Home	29a. FACILITY'S MAILING - STATE: Florida
29b. CITY OR TOWN: Pensacola	29c. STREET ADDRESS: 1985 West Nine Mile Road / 29d. ZIP CODE: 32534

MEDICAL CERTIFIER

30. CERTIFIER: (Check one) ___ Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.
___ Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.

31a. (Signature and Title of Certifier): [signature] William J. Shanahan MD	31b. DATE SIGNED (mm/dd/yyyy): 12/18/06	32. TIME OF DEATH (24 hr.): 1700	33. MEDICAL EXAMINER'S CASE NUMBER:
34a. LICENSE NUMBER (of Certifier): ME032249	34b. CERTIFIER'S NAME: William J. Shanahan M D	35. NAME OF ATTENDING PHYSICIAN (If other than Certifier):	
36a. CERTIFIER'S - STATE: FL	36b. CITY OR TOWN: Pensacola	36c. STREET ADDRESS: 4531 N Davis Hwy	36d. ZIP CODE: 32503
37. SUBREGISTRAR - Signature and Date:	38. LOCAL REGISTRAR - Signature: [signature]	38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.): DEC 19 2006	

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 07 MAY -3 PM 4:41

[signature] DEC 20 2006
CHIEF DEPUTY REGISTRAR

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

FLORIDA DEPARTMENT OF HEALTH

DH FORM 1946 (08-04)

State of Florida, Department of Health, Vital Statistics

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