L04000011069

(Requ	uestor's Name)	,
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phon	e #)
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(Busi	ness Entity Nar	me)
(Docu	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

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2015 FEB 23 PH 4: 12
SECRETARY OF STATE

MAR 0 5 2015 J. HARRIS

COVER LETTER

Division of Corporations				
SUBJECT: BROTHERS PAINT	ING 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	owing:			
ISMAIL TEZE	L			
(Name of Person)				
BROTHERS PAINTING (Firm/Company)				
,				
357 NE 172 STREET				
NORTH MIAMI BEAC (City/State and 2	H, FL 33142			
For further information concerning this matter, please call:				
ISMAIL TELE	653-5070			
Name of Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:				
_	\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)			
MAILING ADDRESS:	STREET/COURIER ADDRESS:			
Registration Section	Registration Section			
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is BROTHERS PAINTING LLC.
2.	The Articles of Organization were filed on $\frac{2}{10}/2004$ and assigned
	document number <u>L0400011069</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing)
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).
	Since January 2014 I cannot work.
	I had heart surgery and have since
	been disabled and mable to perform
	Physical requirements of this job.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs: 1SMAIL TEZEL
	357 NE 172 nd ST
	North Miami Beach, Fl 33162
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
Z	Signature Signat
	Signature Printed Name Printed Name FILING FEE: \$25.00 Printed Name FILING FEE: \$25.00 Printed Name FILING FEE: \$25.00