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08 OCT 13 AM 8: 56
SECRETARY OF STATE
TALL ARXISTE FLORID.

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Palm Beach Cabinets and Design, Ul (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:
Michael Kercer (Name of Person)
(Firm/Company)
11419 little Beak Way (Address) Boca Ratou Fl 33428 (City/State and Zip Code)
(Address) U
Boca Ratou, Fl 33428
(City/State and Zip Code)
For further information concerning this matter, please call:
Michael Mercer at (229) 251-5591 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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 08 OCT 13 AM 8: 56

1. The name of a limited liab		and	Design	ue	SECRETARY OF STATE TALLAHASSEE FLORIDA
2. The Articles of Organization	were filed on	D4/14	12004		and assigned document number
3. The date the dissolution was	approved:	10/05	12008		
4. A description of occurrence 608.441, Florida Statutes, (c					ewheres of the UC
5. CHECK ONE:					
□-OR-					ve been paid or discharged. ties pursuant to s. 608.4421.
			~		accordance with their respective
7. CHECK ONE: There are no suits p -OR-	has been made fo		•	ıdgment,	, order or decree which may be
Signatures of the members having		age of men	nbership interes	sts neces	sary to approve the dissolution:
Signature					Printed Name
M			_Mic	<u>llael</u>	1 Heacer
<i>[</i>					
			 		
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