

L040000 91320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

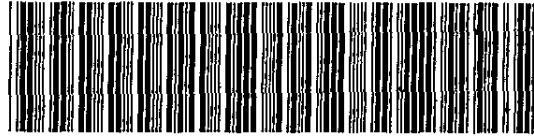
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Dis*

189, 707, 671

Office Use Only



700046439237

02 21/02/2005 10:40:00

2005 MAR 10 PM 2:40  
FILING OFFICE  
TULSA, OK



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

February 24, 2005

JOEL R. HANCOCK  
245 DIANA BLVD  
MERRITT ISLAND, FL 32953

SUBJECT: A FLOORING SOLUTION LLC  
Ref. Number: L04000091320

We have received your document for A FLOORING SOLUTION LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 005A00012998

FILED  
2005 MAR 10 PM 2:40  
TALLAHASSEE, FL  
CLERK OF THE COURT

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A Flooring Solution 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:

JOEL R. HANCOCK  
(Name of Person)

A Flooring Solution LLC  
(Firm/Company)

245 DIANA BLVD  
(Address)

MEHLF ISLAND FL 32952  
(City/State and Zip Code)

2005 MAR 10 PM 2:40  
RECEIVED  
TALLAHASSEE, FL

For further information concerning this matter, please call:

JOEL R. HANCOCK at (321) 986-8377  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF DISSOLUTION  
FOR  
A FLORIDA LIMITED LIABILITY COMPANY**

1. The name of the limited liability company is

A Flooring Solution LLC

2. The date the dissolution was approved: 1/31/05

3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

Instructed by CPA to do so. And be  
Sole proprietor

**4. 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.

5. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

**6. 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

[Signature]  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Typed or Printed name

JOEL R. HANCOCK  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_