

L04000092691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

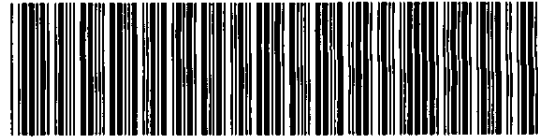
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800295105028

02/21/17--01004--006 \*\*25.00

FILED  
2017 FEB 20 A 11:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S Warren  
FEB 21 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

SUBJECT: Mattress Capital, 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:**

David M. Levin

(Name of Person)

mattress Capital, LLC

(Firm/Company)

(City/State and Zip Code)

**For further information concerning this matter, please call:**

\_\_\_\_\_ at \_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution & 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

Mattress Capital, LLC

2. The Articles of Organization were filed on 12-22-2004 and assigned

document number L04000092691

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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Mattress Capital, LLC ceased operations in Dec. of  
2011. It then filed chap 7 bankruptcy in Jan of 2012.  
It was liquidated in that case. I saw it was administratively  
dissolved, so I did not realize it was not fully dissolved.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

  
Signature

David M. Levin  
Printed Name

**FILING FEE: \$25.00**

**FILED**  
2011 DEC 20 A 11:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## Statement of Fact

Registration Section

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

FILED  
2011 FEB 20 A 11:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RE: Mattress Capital, LLC dissolution

Mattress Capital, LLC ceased operations in December of 2011. It filed chapter 7 bankruptcy in January of 2012. It was then liquidated in that case. I did not realize I needed to further dissolve it after the bankruptcy because I saw it had been administratively dissolved. This was my LLC and NO ONE had permission to reactivate it. I do not know the person that reactivated it and it needs to be completely dissolved immediately.

*Feb. 14, 17 David Levin  
produced Drivers license*

Thank you,



David M. Levin

