

L03000060052

(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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06/14/10--01045--003 **25.00

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10 JUN 30 PM 4:03
TREASURY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JUL 01 2010
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 15, 2010

JOSEPH DEL ROSARIO
211 SE 13TH AVE.
CAPE CORAL, FL 33990

SUBJECT: SOUTHWEST PROFESSIONAL CABINETRY LLC
Ref. Number: L05000060052

We have received your document for SOUTHWEST PROFESSIONAL CABINETRY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 710A00014697

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10 JUN 30 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTHWEST PROFESSIONLA CABINETRY
(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:

JOSEPH DEL ROSARIO

(Name of Person)

(Firm/Company)

211 SE 13TH AVE.

(Address)

CAPE CORAL, FL 33990

(City/State and Zip Code)

FILED
10 JUN 30 PM 4:03
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

For further information concerning this matter, please call:

JOSEPH DEL ROSARIO

(Name of Person)

at (230) 878-4335

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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
SOUTHWEST PROFESSIONAL CABINETRY

2. The Articles of Organization were filed on **L05000060052** and assigned document number
06/16/2005

3. The date the dissolution was approved: **06/09/2010**

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 Company have debts that were not able
to comply and is being dissolved and
declared on Bankruptcy Chapter 13*

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

JOSEPH DEL ROSARIO

MIRIAM DEL ROSARIO

LEANDRO CORDONES

ELIZABETH DEL ROSARIO