

L05 000080109

(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:

L05-80109

Office Use Only



100061179971

11/07/05--01046--002 **25.00

FILED
05 DEC 14 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan

DEC 14 2005

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EC CABINETS DESIGN OF CENTRAL FLORIDA, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA L. ARANGO

(Name of Person)

EC CABINETS DESIGN OF CENTRAL FLORIDA, LLC

(Firm/Company)

637 OAKVIEW STREET

(Address)

ALTAMONTE SPRINGS, FLORIDA 32714

(City/State and Zip Code)

For further information concerning this matter, please call:

MARIA L. ARANGO

(Name of Person)

at (407) 467-3025

(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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

November 14, 2005

MARIA L. ARANGO
637 OAKVIEW STREET
ALTAMONTE SPRINGS, FL 32714

SUBJECT: EC CABINETS DESIGN OF CENTRAL FLORIDA, LLC
Ref. Number: L05000080109

We have received your document for EC CABINETS DESIGN OF CENTRAL FLORIDA, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You need to complete the form.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 505A00067409

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

1. The name of a limited liability company is

EC CABINETS DESIGN OF CENTRAL FLORIDA, LLC

2. The Articles of Organization were filed on 08/11/2005 and assigned document number 105000080109

✓ 3. The date the dissolution was approved: 08/08/2005

✓ 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).

PARTNERS DO NOT WANT TO CONTINUE WITH THE BUSINESS.

✓ 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
[Signature]
[Signature]

Printed Name

CARDONA EDINSON, MAIN MANAGER

ARANCO, MARIA L., MANAGER

FILED
05 DEC 14 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE: \$25.00