

LOG 000001140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

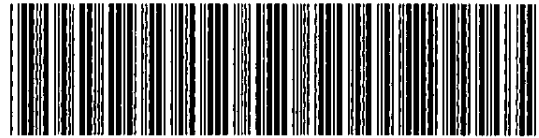
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Handwritten signature]

Office Use Only



200112343722

11/19/07--01030--022 **25.00

FILED
07 NOV 19 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TROPICAL STORMS ROOF TILES, 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:

EMILIA OPREA-BRENSON

(Name of Person)

TROPICAL STORMS ROOF TILES, LLC

(Firm/Company)

2178 NOVA VILLAGE DR

(Address)

DAVIE, FL 33317

(City/State and Zip Code)

FILED
07 NOV 19 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

EMILIA OPREA-BRENSON

(Name of Person)

at (305) 505-1300

(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

TROPICAL STORMS ROOF TILES, LLC

2. The Articles of Organization were filed on 01/04/2006 and assigned document number L06000001140.

3. The date the dissolution was approved: 11/15/2007.

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).

WRITTEN CONSENT OF THE MEMBERS OF THE COMPANY DUE TO NO ACTIVITY

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.

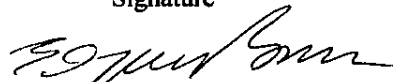
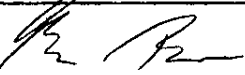
7. CHECK ONE:

- ☒ 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


EMILIA OPREA0BRENSON

MIRCEA TUDUCE

RAY BURLA

FILED
07 NOV 29 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA