

**L06000011851**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

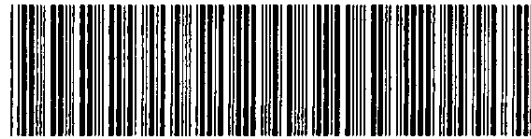
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000197235760

03/14/11--01040--012 \*\*30.00

**FILED**  
11 MAR 23 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. BRUCE**  
MAR 24 2011  
**EXAMINER**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 16, 2011

MAXINE MAKOVER  
218 WHITEHEAD STREET  
KEY WEST, FL 33040

SUBJECT: YARNS GALORE KEY WEST LLC  
Ref. Number: L06000011851

We have received your document for YARNS GALORE KEY WEST LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

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: 611A00006429

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 MAR 23 PM 3:08

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** YAANS GALORE KEY WEST, 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:

MAXINE MAKOVER  
(Name of Person)

YAANS GALORE KEY WEST, LLC  
(Firm/Company)

218 WHITEHEAD STREET  
(Address)

KEY WEST, FL 33040  
(City/State and Zip Code)

For further information concerning this matter, please call:

MAXINE MAKOVER at ( 404 ) 274 3217  
(Name of Person) (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

FILED  
11 MAR 23 PM 3:08  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

Yours Calore Key West LLC

2. The Articles of Organization were filed on February 2, 2006 and assigned document number

LOG 0000 11851

3. The date the dissolution was approved: Feb. 20, 2011

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 decided to dissolve company.

**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

Maxine Makover

MAXINE MAKOVER

**FILED**  
11 MAR 23 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE: \$25.00**