

LO 700000 4899

(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:

A. LUNT

APR 17 2009

EXAMINER

Office Use Only



900149074499

04/16/09--01041--022 **25.00

FILED
2009 APR 16 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Custom Design Cabinetry, 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:

Jonathan Folland

(Name of Person)

Custom Design Cabinetry, LLC

(Firm/Company)

409 N. Hibiscus Dr #9

(Address)

Miami Beach, FL 33139

(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 APR 16 PM 2:51

FILED

For further information concerning this matter, please call:

Jonathan Folland

(Name of Person)

at (954) 873-4799

(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
Custom Design Cabinetry, LLC

2. The Articles of Organization were filed on 1/16/2007 and assigned document number
L07000004899

3. The date the dissolution was approved: 1/1/2009

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).

Business was inactive. It was only generating expenses.

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or charged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

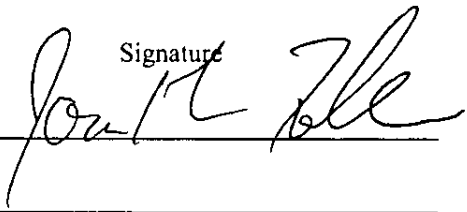
6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

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

Jonathan L Folland

FILED
2009 APR 6 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA