

LD7000012128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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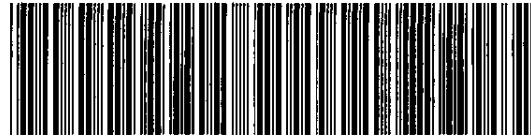
Special Instructions to Filing Officer:

**L. SELLERS**

MAR 17 2011

**EXAMINER**

Office Use Only



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02/16/11--01012--019 \*\*86.25

**FILED**  
11 MAR 16 PM 4:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ppcason Family Partnership 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:

Pauline P. Cason  
(Name of Person)

ppcason Family Partnership LLC/Silks by Leslie  
(Firm/Company)

154 Tahiti Circle  
(Address)

Naples FL 34113  
(City/State and Zip Code)

For further information concerning this matter, please call:

Pauline Cason at (239) 294-2195  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 25, 2011

PAULINE P. CASON  
SILS BUY LESLIE  
183 10TH STREET S.  
NAPLES, FL 34102

SUBJECT: PPCASON FAMILY PARTNERSHIP LLC  
Ref. Number: L07000012128

We have received your document for PPCASON FAMILY PARTNERSHIP LLC and your check(s) totaling \$86.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED LIABILITY PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 811A00004836

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

1. The name of a limited liability company is

pp CASON Family Partnership LLC

2. The Articles of Organization were filed on 1 Feb 2007 and assigned document number

L07000012128

3. The date the dissolution was approved: 31 March 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).

Closing shop operated under This 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

Pauline P. Cason

Printed Name

Pauline P. Cason

**FILED**  
11 MAR 16 PM 4:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE: \$25.00**