

L 07 0000 26467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

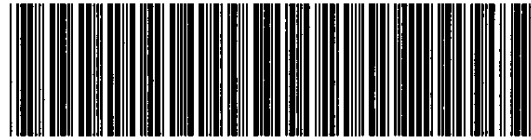
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
14 FEB 18 AM 10:44  
TALLAHASSEE, FLORIDA

US State FEB 19 2014

**SR WOOLBRIGHT, LLC**  
200 EAST 79TH STREET APT 15A  
NEW YORK, NY 10075  
212-991-9444

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SR WOOLBRIGHT, 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:

JOSEPH B. TANCER, CPA

(Name of Person)

LISS OKUN & ASSOCIATES, CPA'S PC

(Firm/Company)

98 CUTTERMILL RD SUITE 422N

(Address)

GREAT NECK, NY 11021

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH B. TANCER

(Name of Person)

at ( 516 ) 470-9191

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution &  
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 SR WOOLBRIGHT, LLC
2. The Articles of Organization were filed on MARCH 9, 2007 and assigned document number L07000026467
3. The delayed effective date the dissolution if not effective on the date of filing: DATE OF FILING

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

VOLUNTARY DISSOLUTION

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5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

EDMUND SOLEYMANI

200 EAST 79TH STREET APT 15A

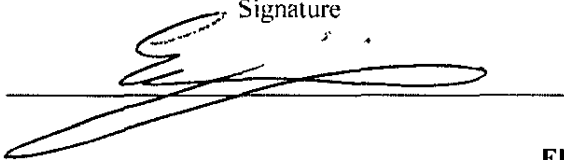
NEW YORK, NY 10075

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6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Signature

Printed Name



EDMUND SOLEYMANI

**FILING FEE: \$25.00**

RECEIVED  
MAR 14 2007  
14 PER 18 AM 10:44  
STATE OF FLORIDA  
SECRETARY OF STATE