070000 55059

(Requestor's Name)		
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
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T. HAMPTON

MAR - 5 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Olson rugs and Art L.L.C.
(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:
Robert M. Olson (Name of Person) Olson rugs and art (Firm/Company) 6698 S. Frankfusterway Homosassassassassassassassassassassassassas
(Name of Person)
olson rugs and art
(Firm/Company)
6698 S. Frankfusterway Homosassay446
jea (Address)
(City/State and Zip Code)
(0.0,0.000)
For further information concerning this matter, please call:
Robert Molson at 352, 628 – 5076 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}

, to 1

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



RECEIVED

08 MAR -4 PM 4: 22

SECRETARY OF STATE TALLAHASSEE, FLORIDA

March 3, 2008

ROBERT M OLSON 6698 S FRANKFURTER WAY HOMOSASSA, FL 34446

SUBJECT: OLSON RUGS AND ART, L.L.C.

Ref. Number: L07000055059

We have received your document for OLSON RUGS AND ART, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

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.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 608A00011958

DO DOY COOT Mallabasias Florida 2021

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is OISON TUGS AN	d Act I L.C.
2. The Articles of Organization were filed on 05/2	
10 10	\sim
3. The date the dissolution was approved:	
- A description of occurrence that resulted in the limited 608.441. Florida Statutes, (copy 608.441 on back coverage)	i liability company's dissolution pursuant to section er letter).
OUT OF BUSHESS	
	PR SET OF SET O
	CORP.
5. CHECK ONE:	OR ATI
— -OR-	ots, obligations and liabilities pursuant to s. 608.4421.
6. All remaining property and assets have been distribute rights and interests.	- · · · ·
7. CHECK ONE:	
There are no suits pending against the compar-OR-Adequate provision has been made for the sat entered against it in any pending suit.	ny in any court. isfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of m	embership interests necessary to approve the dissolution:
Signature RdSM Clon	Printed Name Robert M. 01501
<u> </u>	