

LD7 000 119051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

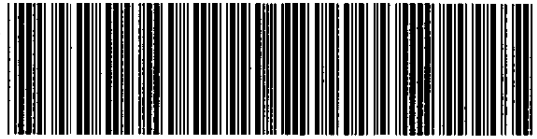
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100150857551

04/20/09--01034--006 **25.00

2009 APR 20 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE

APR 21 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOP THIS LINEAS, 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:

THERESA FEDORCZYK
(Name of Person)

TOP THIS LINEAS, L.L.C.
(Firm/Company)

10103 SAILWINDS BLVD. N. SUITE F104
(Address)

LARGO, FL 33773
(City/State and Zip Code)

For further information concerning this matter, please call:

THERESA FEDORCZYK at (727) 729-6844
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 APR 20 PM 1:34

FILED

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

TOP THIS LINENS, L.L.C.

2. The Articles of Organization were filed on NOV. 28, 2007 and assigned document number L07000119051

3. The date the dissolution was approved: APRIL 6, 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).

ECONOMIC STATE WITHIN THE STATE OF FLORIDA
AND THE LIMITED RESOURCES AVAILABLE TO
SUPPORT THE BUSINESS HAS MADE IT
NECESSARY TO DISSOLVE THE 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. 608.442.

6. All remaining property and assets have been distributed among its members in accordance with the 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

Theresa Fedorczyk
Patrick Filson
Cassie Galanopoulos

THERESA FEDORCZYK
Patrick Filson
Cassie Galanopoulos