L08000020981

(Re	equestor's Name)	· ··			
(Ad	ldress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT .	MAIL			
(Bu	ısiness Entity Nar	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



200142983412

02/09/09--01008--012 **25.00

O9 FEB 25 PH 4: 00
SECRETARY OF STATE
SALLAHASSEE, FLORID

A BOMAN FEB / 8 2009

J. BRYAN
FEB 26 2009
EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 10, 2009

ROBERT PELZEL ALL SEASON ENCLOSURES LLC 2760 MARISSA WAY SHELBY TWP, MI 48316

SUBJECT: ALL SEASON ENCLOSURES LLC

Ref. Number: L08000020981

FILED

09 FEB 25 PM 4: 00

SECRETARY OF STATE

We have received your document for ALL SEASON ENCLOSURES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan Regulatory Specialist II

Sarans solona your doolahaad, albah ilal your lifay in Markoval aroo ahaadonacii Letter Number: 609A00004717

COVER LETTER

	tration Section on of Corporations						
SUBJECT: _	ALL SEASON						
(Name of Limited Liability Company)							
			TAIS 0				
The enclosed A	articles of Dissolution and fee(s) are	submitted for filing.	09 FEB 25 SECRETAR) NLLAHASSI				
Please return al	ll correspondence concerning this ma	atter to the following:					
	ROBERT	PELZEL	PH 4: 00				
		(Name of Person)					
	ALL SEASON	ENCLOSONS LLC (Firm/Company)	. .> 				
	,	(Firm/Company)					
	2760 MAN	(Address)	_				
		•					
	SHELBY TWA	mi 48316 City/State and Zip Code)					
	. , (City/State and Zip Code)					
For further info	ormation concerning this matter, plea	ise call:					
	ROBERT PELZEL	at (<u>248</u>) <u>670 - 412</u> (Area Code & Daytime Telephone Nu	2.5				
	(Name of Person)	(Area Code & Daytime Telephone Nu	mber)				
Enclosed is a che	eck for the following amount:						
\$25.00 Filing	Fee 30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & \$60.00 F Certified Copy (additional copy is enclosed) Certified Co (additional	of Status &				
	MAILING ADDRESS:	STREET/COURIER ADD	PRESS:				
	Registration Section Registration Section						
	Division of Corporations	Division of Corporations					
•	P.O. Box 6327	Clifton Building	1				
Tallahassee, FL 32314 2661 Executive Center Circle			le				

Tallahassee, FL 32301

	ARTICLES OF DISSOLUTI FOR A LIMITED LIABILITY COM		SECRET! TALLAHA	09 FEB	_
	1. The name of a limited liability company is		ARY (SSEE	25	
	ALL SEASON ENCLOSURES LLC		OF S	₹	
	2. The Articles of Organization were filed on 2-27-2008 L080000 20981	and assig	STATE LOREDA	rn B ur	nber
	3. The date the dissolution was approved: 2-02-2009	·			
	4. A description of occurrence that resulted in the limited liability comp 608.441, Florida Statutes, (copy 608.441 on back cover letter).	pany's dissolution pu	irsuant to se	ction	
	UPON UNANIMOUS VOTE				
	·				
	5. CHECK ONE:			•	
	All debts, obligations and liabilities of the limited liability c OR- Adequate provision has been made for the debts, obligations			•	
	All remaining property and assets have been distributed among its marights and interests.	•			
	7. CHECK ONE:				
	There are no suits pending against the company in any cour	t.			
	OR- Adequate provision has been made for the satisfaction of an entered against it in any pending suit.	y judgment, order or	decree which	ch may	/ be
Si	ignatures of the members having the same percentage of membership into	erests necessary to ap	oprove the d	issolu	tion:
	Signature	Printed N			
	lookel.	LOBELT)	PELZ	EL	
_					
_					
		····	<u> </u>		
	· ·				