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		_
(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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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Falls Shoe Outlet, 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:	
Gina H. Bertematti	
(Name of Person)	
(Firm/Company)	
9241_SW_140th_Street (Address)	
Miami, Florida 33176	
(City/State and Zip Code)	20 = 4
For further information concerning this matter, please call:	F 21
Gina H. Bertematti at (786) 271-7463 (Name of Person) (Area Code & Daytime Telephone Number	20 JUL 27 MM 1: 18
Enclosed is a check for the following amount:	~ 2
\$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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liab	ility company is	
Falls Shoe Outlet, LLC		,
2. The Articles of Organizati	on were filed on October 3, 2008	and assigned
document number <u>L08000</u>	094107	
(effective Note: If the date inserted in	the dissolution if not effective on we date cannot be prior to or more than 90 this block does not meet the applicab ective date on the Department of State	days later than date document is received for filing) le statutory filing requirements, this date will not be
4. A description of occurrence 605.0707, Florida Statutes,	te that resulted in the limited liability (copy 605.0707 on back cover let	ity company's dissolution pursuant to section ter).
Wind down of company		
		· · · · · · · · · · · · · · · · · · ·
5. If there are no members, e	nter the name and address of the po	erson appointed to wind up the company's
activities and affairs:	Gina H. Bertematti	
		<u>~</u> →
	Miami, Florida 33176	<u> </u>
6. Signature of an authorized above to wind up the compan	person or if there are no members y's activities and affairs:	. the signature of the person appointed and listed
Signature	Gina I	I. Bertematti

FILING FEE: \$25.00