# L08000094241

(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:
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DIVISION OF CORPURATION

T. HAMPTON

FEB 1 2 2010

EXAMINER

#### **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT:	CLASSIC	WINDOW	COVERINGS	i LLC
3003ECT.		mited Liability Compa		
			•	
The enclosed Articles of Dissolution	on and fee(s) are sub	mitted for filing.		
Please return all correspondence co	oncerning this matter	to the following:		
	KENDA	ILL CARTER		
	(	Name of Person)		<del></del>
	C	Sal Salanan 1	ANEW LALC	
	CLASSIC	Winsow (Firm/Company)	Shack (IAC)	
	11010	Sierra O	۱۵	
<u></u>	רו שן	SIENNA D (Address)	'IC	
	COM	PLOK IX	781.11	
	(City	State and Zip Code)	10013	
For further information concerning	this matter, please	call:		
KENDALI	CARTER	at (	177.	7668
(Name o	f Person)	(Area C	Code & Daytime Te	elephone Number)
Enclosed is a check for the following a	imount:			
	•	\$55.00 Filing Fee	. & Г	\$60.00 Filing Fee,
S23.00 Fitting Fee	00 Filing Fee & ertificate of Status	Certified Copy (additional copy	_	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



#### RECEIVED

10 FEB 11 PM 4:00

### E SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 1, 2010

KENDALL CARTER 1615 SIENNA DR CEDAR PARK, TX 78613

SUBJECT: CLASSIC WINDOW COVERINGS LLC

Ref. Number: L08000094241

We have received your document for CLASSIC WINDOW COVERINGS LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

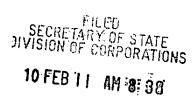
If you have any questions concerning the filing of your document, please call (850) 245-6855.

Letter Number: 910A00002555

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Division of Corporations - P.O. BOY 6327 - Tallahasson Florida 32314

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



1. The name of a limited liability company is		C	11.	
CLA	ASSIC MINDOM	COVERINGS	LLE	
2. The Articles of Organization were filed on	10-06-2	2008	_ and assigned c	locument number
3. The date the dissolution was approved:	2.01-2009			
4. A description of occurrence that resulted in 608.441, Florida Statutes, (copy 608.441 on	the limited liability back cover letter).	company's dis	solution pursuar	nt to section
I MOVED TO TEXAS.				
5. CHECK ONE:				
All debts, obligations and liabilities OR- Adequate provision has been made				
6. All remaining property and assets have beer rights and interests.	n distributed among	its members in	accordance wit	h their respective
7. CHECK ONE:				
There are no suits pending against t	the company in any	court.		
Adequate provision has been made entered against it in any pending su	for the satisfaction oit.	of any judgmer	nt, order or decr	ee which may be
gnatures of the members having the same perce	ntage of membershi	p interests nece	essary to approv	e the dissolution:
// Signature			Printed Name	
hh	_	KEND	ALL CART	ER
(	_	•		
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