

L08000105263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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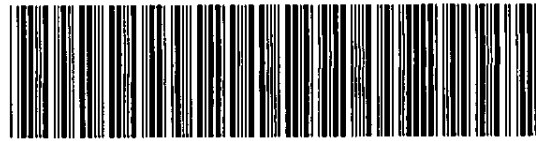
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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APR 28 2016
BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE COLORSTONES, LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Alvin S. Curtis

(Contact Person)

(Firm/Company)

PO Box 220

(Address)

Daphne, AL 36526

(City/State and Zip Code)

For further information concerning this matter, please call:

Alvin S. Curtis

at (251) 232-2166

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
THE COLORSTONES, LLC

2. The Articles of Organization were filed on 10-3-12 and assigned
document number L08000105263

3. The delayed effective date the dissolution if not effective on the date of filing: 4-26-2016
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
No longer in use.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: ALVIN S CURTIS

PO BOX 220

DAPHNE AL 36526

6. Signature of an authorized person or if there are no members, the signature of the person appointed and
listed above to wind up the company's activities and affairs:


Signature

ALVIN S CURTIS

Printed Name

FILING FEE: \$25.00

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