

L09000019235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

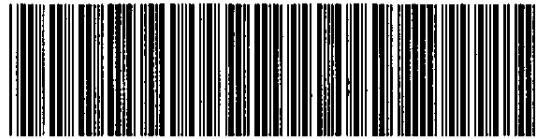
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11/16/09--01009--011 **35.00

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10 JAN -5 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN NOV 18 2009

J. BRYAN

JAN -6-2009

EXAMINER

RECEIVED
2009 NOV 17 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 18, 2009

CARRIE A. SCHNEIDER
INFLATABLE FUN RENTALS, LLC
7012 TALL PINE RD
POLK CITY, FL 33868

SUBJECT: INFLATABLE FUN RENTALS, LLC
Ref. Number: L09000019235

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TALLAHASSEE, FLORIDA

We have received your document for INFLATABLE FUN RENTALS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

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

Letter Number: 409A00035889

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Inflatable Fun Rentals, 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:

Carrie Ann Schneider
(Name of Person)

(Firm/Company)

7012 Tall Pine Rd.
(Address)

Polk City, FL 33868
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Carrie Schneider at (863) 528-4889
(Name of Person) (Area Code & Daytime Telephone Number)

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)

Our check has already been sent, as indicated on the first page.

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

Inflatable Fun Rentals, LLC

2. The Articles of Organization were filed on 2/26/09 and assigned document number

L09000019235

3. The date the dissolution was approved: 11/16/09

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).

written consent of members

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. 608.4421.

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

Carrie A. Schneider

Printed Name

Carrie A. Schneider

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TALLAHASSEE, FLORIDA