L09 000027729

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

FULPAK PACKAGING, LLC.

SUBJECT: _____
(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:

JACQUELINE M. SCHAD
_____
(Name of Person)

N/A
_____
(Firm/Company)

215 NORTHWEST HWY. UNIT 13
_____
(Address)

CARY, ILLINOIS 60013
_____
(City/State and Zip Code)

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For further information concerning this matter, please call:

JACQUELINE M. SCHAD 847 217-9233
_____ at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ $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 liability company is
FULPAK PACKAGING, LLC.

2. The Articles of Organization were filed on 03/23/2009 and assigned

document number L09000027729

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).
DEATH OF OWNER

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

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:

Jacqueline Schad
Signature

JACQUELINE M. SCHAD
Printed Name

FILING FEE: $25.00