

L09000067519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
MAR 30 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2017

ANDREA ANDRIOLE
11351 WOOD PIGEON AVE
WEEKI WACHEE, FL 34614

SUBJECT: SISTERS' QUILTING TRUNK, LLC
Ref. Number: L09000067519

We have received your document for SISTERS' QUILTING TRUNK, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 017A000067519

2017 MAR 29 P 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MAR 29 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 1, 2017

ANDREA ANDRIOLE
11351 WOOD PIGEON AVE
WEEKI WACHEE, FL 34614

SUBJECT: SISTERS' QUILTING TRUNK, LLC
Ref. Number: L09000067519

We have received your document for SISTERS' QUILTING TRUNK, 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):

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 317A00003878

2017 MAR 29 P 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SISTERS' QUILTING TRUNK, 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:

ANDREA ANDRIOLE
(Name of Person)

(Firm/Company)

11351 WOOD PIGEON AVE
(Address)

WEEKI WACHEE FL 34614
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 MAR 29 PM 12:47

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For further information concerning this matter, please call:

ANDREA ANDRIOLE at (352) 585 4635
(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/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

SISTERS' QUILTING TRUNK LLC

2. The Articles of Organization were filed on _____ and assigned

document number LOG000067519

3. The delayed effective date the dissolution if not effective on the date of filing: 12-31-2016
(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 profit in the last few years

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

ANDREA S. ANDRIOLE

11351 WOOD PIGEON AVE

WEEKI WACHEE FL 34614

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:

Andrea S. Andriole
Signature

ANDREA S. ANDRIOLE
Printed Name

FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED