L0900095448

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
, , , , , , , , , , , , , , , , , , ,

Office Use Only



700196672637

03/08/11--01010--007 **30.00

SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON MAR 1 7 2011

EXAMINER

COVER LETTER

Division of Corporations					
SUBJECT: Robert Ciulla 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:					
Robert Ciulla (Name of Person) To SEG-WAY Properties (Firm/Company) P.O.Box 530127 (Address)					
Lake Park, FL. 33403 (City/State and Zip Code)					
For further information concerning this matter, please call:					
Sarah Mozley at (56) 842-0037 (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					

MAILING ADDRESS:

Registration Section

TO:

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

11 MAR 16 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 9, 2011

ROBERT CIULLA % SEG--WAY PROPERTIES P O BOX 530127 LAKE PARK, FL 33403

SUBJECT: ROBERT CIULLA, LLC

Ref. Number: L09000095448

We have received your document for ROBERT CIULLA, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

The document must be signed by the members having the same percentage of membership interests necessary to approve the dissolution or the revocation when filing articles of revocation of dissolution.

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.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 711A00005766

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

SECRETARY OF STATE DIVISION OF CORPORATIONS

44 144

1 The same of a limited lightlife common in	•		11 MAR 16 AM H: 3
1. The name of a limited liability company is		1 (*)	
Robert C	iulla, L		
2. The Articles of Organization were filed on	a -a	11-8	_ and assigned document number
	<u> </u>		_ and assigned document number
L09000095448			
3. The date the dissolution was approved:	3-15-2	liaf	
4. A description of occurrence that resulted in t 608.441, Florida Statutes, (copy 608.441 on	the limited liability coback cover letter).	ompany's dis	solution pursuant to section
WO LONGER IN E	_	•	
5. CHECK ONE:			
All debts, obligations and liabilities	of the limited liabilit	y company h	ave been paid or discharged.
OR- Adequate provision has been made f	for the debts, obligati	ions and liah	lities nursuant to s. 608 4421
• •	•		•
 All remaining property and assets have been rights and interests. 	distributed among its	s members ir	accordance with their respective
7. CHECK ONE:			
-t√			
There are no suits pending against the OR-	- · ·		
Adequate provision has been made f entered against it in any pending suit	for the satisfaction of	any judgme	nt, order or decree which may be
chiered against it in any pending suit			
ignatures of the members having the same percen	ntage of membership	interests nec	essary to approve the dissolution:
∧Signature		4	Printed Name
) A .		100	1 Timed Name
(Cil	*	· VV	
	<i></i>	Robe	ert Ciulia
	****	****	,
	_		
		•	•
(F	FILING FEE: \$25.0	0 ` \	
		. 1	