1090000 96594

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
5
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





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04/23/18--01018--004 **25.00



For dissolution of Carnes and Ligioni LLC L090000 96594

Maragin, Partner Martin higiori 2915 NW 68 R BIND Bainesville, FI 32606

Phone 352-6657323

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COVER LETTER

Division of Corporations SUBJECT: Carnes + Liquori LLC						
(Name of Limited Liability Company)						
And the second of the second o						
The enclosed Articles of Dissolution and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
/						
MANTIN LIGUONI (Name of Vers)n)						
(Name of Person)						
\mathcal{O}						
(Firm/Company)						
2915 NW 5812 Blud						
(Address)						
GAINESUI/1 , F1 32606						
(City/State and Zip Code)						
For further information concerning this matter, please call:						
Mant, N Lique (Name of Person) at (352) 665 7323 (Area Code & Daytime Telephone Number)						
(Name of Person) (Area Code & Daytime Telephone Number)						
Enclosed is a chack for the following amount:						
\$55.00 Filing Fee and Certificate of Dissolution \$\sigma\$ \$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 lia	ability company is	1 .	112	
CAR	Nes ad	LIGUORI	12C	<u> </u>
******	: 21 (m / m / m	1.2 3.3 2.3	,
2. The Articles of Organiza	ition were filed on	0/0/06	/ 09 and assigne	d
document number	0900096	594//	•	
3. The delayed effective da	te the dissolution if n	not effective on the dat	e of filing:	62018
(effec	tive date cannot be prior t	o or more than 90 days late	r than date doournent is rece	
Note: If the date inserted listed as the document's ef				
·		<u>-</u> `		· -
4. A description of occurrer 605.0707, Florida Statute	s, (copy.605.0707 on	i back cover letter).		suant to section
leave C	losing 1	BusiNess		
	. /			

	<u> </u>			
5. If there are no members,	enter the name and a	ddress of the person a	ppointed to wind up the	company's
activities and affairs:	MARTI	N LIGUOI	z/	
		7		D. In
•	· · · · · · · · · · · · · · · · · · ·	·		
•				APR T
,				SS 23
				U a com
5. Signature of an authorize	d nercon or if there o	re no members, the sig	moture of the nerson on	
isted above to wind up the c	company's activities a	and affairs:	gnature of the person ap	
Moth		MART,	2 /10	•
Signature	·	· · · · · · · · · · · · · · · · · · ·	Printed Name	21
Signature			Timed Haric	
//	FILI	ING FEE: \$25,00	V	