

L10000007747

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2010 JUN 25 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUN 28 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Delta Glass and Mirror 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:

Lyndsey Morton
(Name of Person)

~~Corporation~~ (Family Member)
(Firm/Company)

17446 Young Ave
(Address)

Port Charlotte, FL 33948
(City/State and Zip Code)

For further information concerning this matter, please call:

 at ()
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee
✓ #1500

☐ 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)

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

FILED

2010 JUN 25 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Delta Glass & Mirror, LLC

2. The Articles of Organization were filed on 1/21/2010 and assigned document number

L10000007747

3. The date the dissolution was approved: 5/29/2010

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).

Sole registered agent, Robert S. Morton, Jr., passed
away May 28, 2010. MGRM

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

Printed Name

Lyndsey Morton → for family
see attached
Death Certificate

Lyndsey Morton

FILING FEE: \$25.00

STATE OF FLORIDA

OFFICE of VITAL STATISTICS
CERTIFIED COPY

FLORIDA CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Robert Sherman Morton, Jr.		2. SEX Male	
3. DATE OF BIRTH (Month, Day, Year) February 12, 1951		4. AGE-Last Birthday (Years) 59	
5. SOCIAL SECURITY NUMBER 034 40 0872		6. PLACE OF BIRTH (City and State or Foreign Country) Norwood, Massachusetts	
7. BIRTHPLACE (City and State or Foreign Country) Norwood, Massachusetts		8. COUNTY OF DEATH Charlotte	
9. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Fawcett Memorial Hospital NON-HOSPITAL: <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Nursing Facility <input type="checkbox"/> Home <input type="checkbox"/> Other (Specify)		10. DATE OF DEATH (Month, Day, Year) May 28, 2010	
11. FACILITY NAME (If not Institution, give street address) Fawcett Memorial Hospital		12. CITY, TOWN, OR LOCATION OF DEATH Port Charlotte	
13. MARITAL STATUS (Specify) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married		14. SURVIVING SPOUSE'S NAME (If with, give maiden name) Lucille Ann Scinto	
15. RESIDENCE - STATE Florida		16. COUNTY Charlotte	
17. STREET ADDRESS 4332 Joseph Street		18. CITY, TOWN, OR LOCATION Port Charlotte	
19. DECEASED'S USUAL OCCUPATION (Indicate type of work done during usual of working life.) Glasser		20. KIND OF BUSINESS/INDUSTRY Glass	
21. DECEASED'S RACE (Specify the race/ethnicity to include what decedent considered himself/herself to be. More than one race may be specified.) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native (Specify Tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Other Pacific Is. (Specify) <input type="checkbox"/> Other (Specify)			
22. DECEASED'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) <input type="checkbox"/> 8th or less <input type="checkbox"/> High school but no diploma <input checked="" type="checkbox"/> High school diploma or GED <input type="checkbox"/> College but no degree <input type="checkbox"/> College degree (Specify) <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate			
23. WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24. FATHER'S NAME (First, Middle, Last, Suffix) Robert Sherman Morton		25. MOTHER'S NAME (First, Middle, Last, Suffix) Christine McNamara	
26. INFORMANT'S NAME Lucille Morton		27. RELATIONSHIP TO DECEASED Wife	
28. CITY OR TOWN Port Charlotte		29. STREET ADDRESS 4332 Joseph Street	
30. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) International Cremation Society, Inc.		31. LOCATION - STATE Florida	
32. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Reinterment from State <input type="checkbox"/> Other (Specify)		33. LOCATION - CITY OR TOWN Punta Gorda	
34. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		35. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Richard A. G. Butler	
36. NAME OF FUNERAL FACILITY ICS Cremation and Funerals, Inc.		37. FACILITY'S MAILING - STATE Florida	
38. CITY OR TOWN Harbour Heights		39. STREET ADDRESS 2620D Highlands Road	
40. ZIP CODE 33948		41. ZIP CODE 33983	
42. CERTIFIER <input checked="" type="checkbox"/> Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.			
43. SIGNATURE AND Title of Certifier CHRISTINE J. MASHINTONIS, M.D.		44. DATE SIGNED (Month/Day/Year) June 1, 2010	
45. LICENSE NUMBER of Certifier ME89074		46. CERTIFIER'S NAME Christopher F. Lobo, M.D.	
47. NAME OF ATTENDING PHYSICIAN (If other than Certifier) Christopher F. Lobo, M.D.		48. FACILITY'S MAILING - STATE Florida	
49. CITY OR TOWN Port Charlotte		50. STREET ADDRESS 22395 Edgewater Drive	
51. ZIP CODE 33980		52. ZIP CODE 33980	
53. SUBREGISTRAR - Signature and Date Deputy		54. LOCAL REGISTRAR - Signature Deputy	
55. DATE FILED BY REGISTRAR (Month, Day, Year) June 5, 2010		56. DATE FILED BY REGISTRAR (Month, Day, Year) June 5, 2010	

Christine J. Mashintonis, Deputy June 3, 2010
 CHARLOTTE COUNTY HEALTH DEPT., 514 E. GRACE ST., PUNTA GORDA, FL 33950

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.
 THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT
 SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPECIAL LINES WITH TEXT
 AND SEALS IN THERMOCHROMIC INK.

DH FORM 1945 (08-04)

FLORIDA DEPARTMENT OF
HEALTH