

L 1000000/3684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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13 FEB -4 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
FEB -7 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 18, 2013

AL DEFILIPPO
12740 WOODMILL DR.
PALM BEACH GARDENS, FL 33418

SUBJECT: AL DEFILIPPO, LLC
Ref. Number: L10000013684

We have received your document for AL DEFILIPPO, 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 713A00001485

Al DeFilippo
12740 Woodmill Drive
Palm Beach Gardens, FL 33418
561-315-6569
Email: freeborn@bellsouth.net

January 30, 2013

Karen A. Saly
Regulatory Specialist II
Florida Department of State
Division of Corporations

RE: Al DeFilippo, LLC, Ref number: L10000013684

Dear Ms. Saly:

I've enclosed the requested Articles of Dissolution with my signature attached. I've also enclosed your correspondence to me requesting that the document be signed. Thank you for receiving my check for \$25 and also for filing the Articles of Dissolution.

Sincerely,

A handwritten signature in black ink, appearing to read 'Al DeFilippo', with a stylized, flowing script.

Al DeFilippo

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Al DeFilippo, 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:

Al DeFilippo

(Name of Person)

Al DeFilippo, LLC

(Firm/Company)

12740 Woodmill Drive

(Address)

Palm Beach Gardens, FL 33418

(City/State and Zip Code)

For further information concerning this matter, please call:

Al DeFilippo

(Name of Person)

at (561) 694-2249

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

ρ \$25.00 Filing Fee

ρ \$30.00 Filing Fee &
Certificate of Status

ρ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

ρ \$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
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
Al DeFilippo, LLC

2. The Articles of Organization were filed on February 4, 2010 and assigned document number
L10000013684

3. The date the dissolution was approved: December 31, 2012

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).

No longer in business

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



Al DeFilippo