

L100000043561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

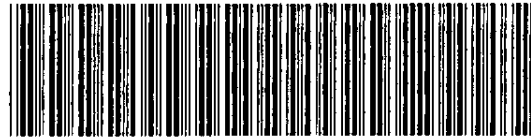
Special Instructions to Filing Officer:

**L. SELLERS**

JUN 17 2011

**EXAMINER**

Office Use Only



000207018270

05/04/11--01034--010 \*\*52.50

**FILED**  
11 JUN 16 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Room Feelings 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:

Andreas Porwol  
(Name of Person)

Room Feelings LLC  
(Firm/Company)

1539 2nd Street  
(Address)

Sarasota FL 34236  
(City/State and Zip Code)

For further information concerning this matter, please call:

Andreas Porwol at ( 941 ) 364 - 9600  
(Name of Person) (Area Code & Daytime Telephone Number)

CPA T+H Controllers phone 941 - 484 - 4980 Lyndi

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$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)

paid \$52.50  
4/28/11

### 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 12, 2011

BRIGITTE PORWOL  
1539 2ND STREET  
SARASOTA, FL 34236

SUBJECT: ROOM FEELINGS, LLC  
Ref. Number: L10000043561

We have received your document for ROOM FEELINGS, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 711A00011880

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Room Feelings LLC

2. The Articles of Organization were filed on 04/23/2010 and assigned document number L10000043561

3. The date the dissolution was approved: 04/28/2011

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).

financial Reasons

**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.

**FILED**  
JUN 16 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

[Signature]  
B. Porwol

Andreas Porwol  
Brigitte Porwol