

L100000065782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

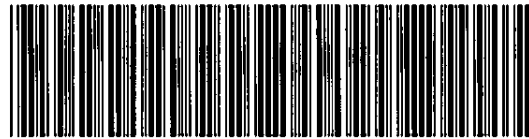
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 MAR 14 AM 11:21
CLERK OF STATE
TALLAHASSEE, FLORIDA

MAR 17 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BETH CENDERE 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:

LEVENT CENDERE

(Name of Person)

(Firm/Company)

10144 REAGAN DAIRY TRAIL

(Address)

BRADENTON FL 34212

(City/State and Zip Code)

For further information concerning this matter, please call:

LEVENT CENDERE

(Name of Person)

at (419) 787 7186

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$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

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2014 MAR 14 AM 11:21

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

1. The name of a limited liability company is

BETH CENDERE LLC

2. The Articles of Organization were filed on JUN 21, 2010 and assigned

document number L10000065782

3. The delayed effective date the dissolution if not effective on the date of filing: on the date of filing.
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

We were unable to grow our business beyond
a home office freelance work.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Elizabeth C.
Signature

Elizabeth L. Cendere
Printed Name

FILING FEE: \$25.00

FILED
2014 MAR 14 AM 11:28
CLERK OF STATE
TALLAHASSEE FLORIDA