

L1 0000066432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

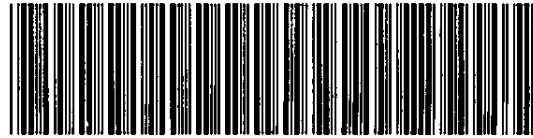
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/13/14--01010--007 **25.00

CLERK OF COURT
TALLAHASSEE, FLORIDA

2014 MAY 13 AM 11:09

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MAY 21 2014

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAJESTIC KITCHEN DESIGNS, 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:

KENNETH BOHANNON, ESQ

(Name of Person)

KENNETH BOHANNON PL

(Firm/Company)

221 NORTH CAUSEWAY, SUITE A

(Address)

NEW SMYRNA BEACH, FL 32169

(City/State and Zip Code)

FILED
2014 MAY 13 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

KENNETH BOHANNON at 386 427-5227

(Name of Person)

(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

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

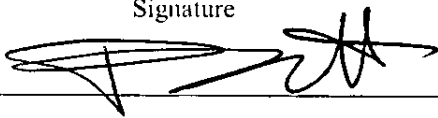
1. The name of a limited liability company is
MAJESTIC KITCHEN DESIGNS, LLC
2. The Articles of Organization were filed on 06/22/2010 and assigned
document number L10000066432
3. The delayed effective date the dissolution if not effective on the date of filing: _____

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).
THE COMPANY IS BEING DISSOLVED WITH THE CONSENT OF ALL MEMBERS FOLLOWING
A DULY CALLED MEETING OF THE MEMBERS OF THE COMPANY AND VOTE TO EFFECTUATE SAME.

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:

Signature



Printed Name

P SCOTT

FILING FEE: \$25.00

2014 MAY 13 AM 11:09
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA