

L100000678442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

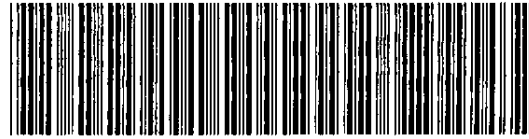
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/28/11--01027--006 **35.00

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11 MAR 31 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

MAR 29 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Organized Homelife, 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:

Carolyn Owji

(Name of Person)

(Firm/Company)

1766 Seneca Blvd

(Address)

Winter Springs, FL 32708-5600

(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Carolyn Owji

(Name of Person)

at (407) 921-8172

(Area Code & Daytime Telephone Number)

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)

\$35 was sent earlier

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

Organized Homelife, LLC

2. The Articles of Organization were filed on 7-26-2010 and assigned document number

L 10000078442

3. The date the dissolution was approved: 12/31/2010

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).

Written consent of all the
members of the limited liability company,

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:

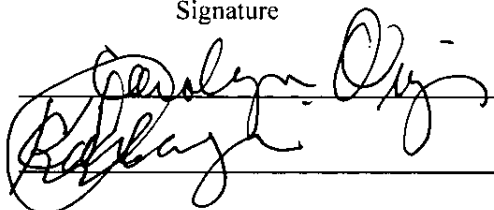
- There are no suits pending against the company in any court.
-OR-
 Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

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1 MAR 31 PM 3:08
TALLAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT OF THE STATE

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

Signature

Printed Name



Carolyn Owji
Khosrow Owji



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2011

CAROLYN OWJI
1766 SENECA BLVD.
WINTER SPRINGS, FL 32708

SUBJECT: ORGANIZED HOMELIFE, LLC
Ref. Number: L10000078442

We have received your document for ORGANIZED HOMELIFE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6028.

Barbara Bostick
Regulatory Specialist II

Letter Number: 911A00005303

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STATE DEPT OF STATE
TALLAHASSEE, FLORIDA