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| (Re | questor's Name) | |
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| (Ad | dress) | |
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| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL. |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) |) |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

TO:

Registration Section

| Divisio | on of Corporations | | | |
|---|---|---|--|--|
| SUBJECT: _ | WINDSOR DOORS | DIRECT LLC | | |
| | (Name of Limit | ed Liability Company) | | |
| | | | | |
| The enclosed A | articles of Dissolution and fee(s) are submit | ted for filing. | | |
| Please return al | l correspondence concerning this matter to | the following: | | |
| | | | | |
| | HAZEL BAY | KFIELD | | |
| | HAZEL BAY | ne of Person) | | |
| | | | | |
| | WINDSOK DO | DOLS DIRECT LLC m/Company) | | |
| | · · | • • | | |
| | 903 JAN W | (Address) | | |
| | ı | (Address) | | |
| | MINNEOLA, F | _ 347.15 | | |
| | (City/St | ate and Zip Code) | | |
| | | | | |
| For further info | ormation concerning this matter, please call | | | |
| H | AZEL RAVELELA | (321) 710 0509 | | |
| | AZEL BARFIELD (Name of Person) | at (321) HO OSO9 (Area Code & Daytime Telephone Number) | | |
| | | | | |
| | eck 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: | | STREET/COURIER ADDRESS: | | |
| | Registration Section | Registration Section | | |
| | Division of Corporations P.O. Box 6327 | Division of Corporations | | |
| | Tallahassee, FL 32314 | Clifton Building 2661 Executive Center Circle | | |
| | randuassee, FL 32314 | Tallahassee, FL 32301 | | |

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| | sor books | | | |
|---|---|---|------------|--|
| The Articles of Organiz | ration were filed on | | <u></u> | and assigned |
| document number | 100000951 | 32_ | | |
| | d in this block does not m | neet the applicable stat | utory fili | ling: 12/31/15 late document is received for filing requirements, this date will |
| A description of occurre 605.0707, Florida Statut | ence that resulted in theses, (copy 605.0707 on | e limited liability co back cover letter). | mpany' | s dissolution pursuant to se |
| MEMBEKS | AGREED T | o close | CO | MAANY |
| | | | | |
| | , enter the name and a | ddress of the person | appoint | |
| If there are no members activities and affairs: | , enter the name and a | ddress of the person | appoint | |
| | , enter the name and a | ddress of the person | appoint | ed to wind up the company |
| | e, enter the name and a | ddress of the person | appoint | ASSAHATITE AND POPULATION OF THE PARTY OF TH |
| | e, enter the name and a | ddress of the person | appoint | |
| activities and affairs: | zed person or if there a | re no members, the | | SSET THE BASSE |
| activities and affairs: | zed person or if there a | re no members, the | signatur | ALL MASSEE, FLORIBA |

FILING FEE: \$25.00