

L16000116482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

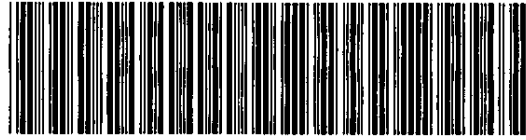
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700266577117

11/20/14--01024--002 **25.00

2014 NOV 20 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

DEC - 4 2014
T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARC'S FLOORING, 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:

ANDREW L NICHOLS
(Name of Person)

(Firm/Company)

353 AIRPORT RD
(Address)

NAPLES, FL 34104
(City/State and Zip Code)

2014 NOV 20 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



For further information concerning this matter, please call:

ROSEMARY A. RACUT at (239) 263-0829
(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**

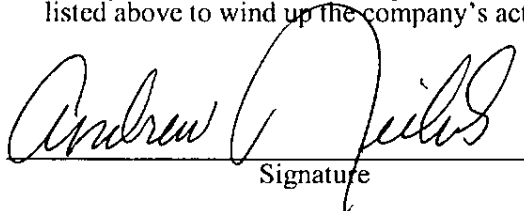
1. The name of a limited liability company is
MARC'S FLOORING, LLC
2. The Articles of Organization were filed on 11/09/10 and assigned
document number L10000116482
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 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).
internal differences

2011 NOV 20 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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

ANDREW L. NICHOLS
Printed Name

FILING FEE: \$25.00