

L1000029979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

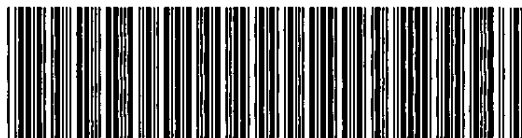
(Business Entity Name)

(Document Number)

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12/10/12--01027--015 \*\*30.00

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12 DEC 10 PM 5:47  
TALLAHASSEE, FLORIDA

B. BOSTICK  
DEC 11 2012  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CAROLYNE HOLDINGS 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:

ALIXANDER LIM

(Name of Person)

(Firm/Company)

516 CAROLYNE ST.

(Address)

TEMPLE TERRACE, FL 33617

(City/State and Zip Code)

For further information concerning this matter, please call:

ALIXANDER LIM

(Name of Person)

at ( 813 ) 362-0148  
(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)

**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

TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

CAROLYNE HOLDINGS LLC

2. The Articles of Organization were filed on 12/21/10 and assigned document number

L10000129979

3. The date the dissolution was approved: 12/1/12

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).

THE LLC WAS FORMED FOR MANAGEMENT OF THE RENTAL OF A  
SINGLE-FAMILY HOME. THE PROPERTY WILL NO LONGER BE RENTED AND  
WILL BE CONVERTED INTO PERSONAL RESIDENCE FOR THE OWNERS.

**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.

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

Signature

Printed Name

Carolyn Smith  
[Signature]  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nellie M. Smith  
ALEXANDER SMITH  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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