## L11000006746

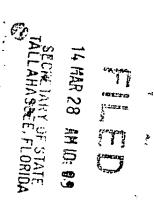
(Requestor's Name)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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## **COVER LETTER**

P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration Section Division of Corporations	
SUBJ	DECT: ALA SEASON (Name of Limite	SOUTBOOK CONCEPTS ed Liability Company)
The e	nclosed Articles of Dissolution and fee(s) are submitt	ted for filing.
Please	e return all correspondence concerning this matter to	the following:
	OF OR OF	nc of Person)
	ALL SEASONS (Fire	DUTDOOR CONCEPTS 14 C
	11023 COUNT	Address)  Address)
	CZER MONT	TEL 34711  ate and Zip Code)
For fu	orther information concerning this matter, please call:	
	Colonia (Name of Person)	2 at (772) 529 - 32/9 (Area Code & Daytime Telephone Number)
Enclos	sed is a check for the following amount:	
	\$25.00 Filing Fee and Certificate of Dissolution	<ul> <li>\$55.00 Filing Fee, Certificate of Dissolution &amp; Certified Copy (additional copy is enclosed)</li> </ul>
	MAILING ADDRESS:	STREET/COURIER ADDRESS:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability c					_
ALL SEA	5005	OUTDOOR	CONO	EPT	<u>S</u> .
2. The Articles of Organization we	ere filed on	1-21-20	// and assig	gned	
document number	00000	06746			
3. The delayed effective date the d (effective date	issolution if not cannot be prior to o	effective on the date of or more than 90 days later than	filing: date document is	received for fili	ng)
4. A description of occurrence that 605.0707, Florida Statutes, (copy	t resulted in the y 605.0707 on b	limited liability company ack cover letter).	y's dissolution	pursuant to s	ection
5040	0 N -	3-14-14			<del></del>
	· <del>-</del>				
5. If there are no members, enter the	ne name and add	tress of the person appoi	nted to wind ur	the compan	 v's
		10NE			
activities and arians.					
	·		. <u></u>		
<del></del>				Z <sub>e</sub> ,	
			<del> </del>		A September 1
6. Signature of an authorized person listed above to wind up the comparation	on or if there are	e no members, the signated affairs:	ure of the perso		and a
				F.S.	
				OR!	
Signature		P	rinted Name	\$ m 4	

**FILING FEE: \$25.00**