

L11000011628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

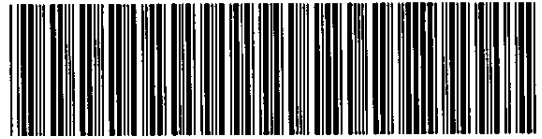
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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04/16/14--01011--020 \*\*25.00

2014 APR 16 4:08:50  
Clerk

B. BOSTICK  
APR 21 2014  
EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**Flashpoint Apparel, LLC**

**SUBJECT:** \_\_\_\_\_  
(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:

**Victoria Gross**

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

**7104 County Road 675 E**

\_\_\_\_\_  
(Address)

**Bradenton, FL 34211**

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

**Victoria Gross**

\_\_\_\_\_  
(Name of Person)

**941**

**812-0782**

at (\_\_\_\_\_) \_\_\_\_\_

(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

812-0782  
941-812-0782  
812-0782  
941-812-0782

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

1. The name of a limited liability company is  
**Flashpoint Apparel, LLC**  
\_\_\_\_\_
2. The Articles of Organization were filed on **1-27-11** and assigned  
document number **L11000011628**  
\_\_\_\_\_
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).  
**No longer doing business.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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

**Victoria Gross**  
\_\_\_\_\_

Printed Name

**FILING FEE: \$25.00**

2011 JAN 27 PM 4:05:58