11100003

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
, · (Pu	oinaga Entitu Nan	20		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



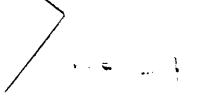
300221970213

02/24/12--01008--011 **30.00



D. BRUCE MAR 1 3 2012

EXAMINER





FLORIDA DEPARTMENT OF STATE Division of Corporations

February 27, 2012

JOSHUA O. DORCEY THE DORCEY LAW FIRM, PLC 10181 SIX MILE CYPRESS PKWY., STE. C FORT MYERS, FL 33966

SUBJECT: SORELLE DESIGN STUDIO, LLC

Ref. Number: L11000038827

12 MAR 12 PH 1: 1.8

We have received your document for SORELLE DESIGN STUDIO, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 212A00007931

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SORELLE DESIGN STUDIO, 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:
rease return an correspondence concerning this matter to the following.
Joshua O. Dorcey
(Name of Person)
The Dorcey Law Firm, PLC
(Firm/Company)
10181 Six Mile Cypress Pkwy.; Ste. C
(L)
Fort Myers, Florida 33966
(City/State and Zip Code) in the State of th
For further information concerning this matter, please call:
Joshua O. Dorcey _{at (} 239) 418-0169
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee 30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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 of SORELLE DESIGN ST					
2. The Articles of Organization were L11000038827	e filed on MAY 2, 201	1	and assigned document number		
3. The date the dissolution was appr	oved: JANUARY 20,	2012	 '		
4. A description of occurrence that a 608.441, Florida Statutes, (copy 6	resulted in the limited liability	company'	s dissolution pursuant to section		
Unanimous	agreement	by	all members		
5. CHECK ONE:					
-OR-	• •		ny have been paid or discharged. liabilities pursuant to s. 608.4421.		
6. All remaining property and assets rights and interests.	have been distributed among	g its membe	rs in accordance with their respective		
7. CHECK ONE:					
There are no suits pending	✓ There are no suits pending against the company in any court.				
Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.					
gnatures of the members having the s	arne percentage of membersh	ip interests	necessary to approve the dissolution:		
Signature		•	Printed Name		
embo de Vas Her	4	PAME	LA J. VAN HOOKE		
ami Carlstoot		TAMI	CARLSTEDT S		
the second	e ja ja erengistenya osa	tang the			
and the second of the second o					
43 (7)		,			