

L11000055516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

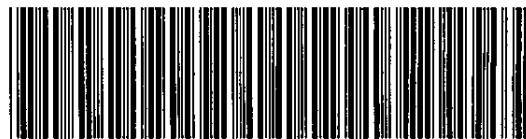
(Business Entity Name)

(Document Number)

Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



600258366486

04/07/14--01022--013 **25.00

14 APR 14 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 16 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOT THIRFT? KISSIMEE 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:

LUZ M URIBE

(Name of Person)

(Firm/Company)

2513 ASCOT CT

(Address)

KISSIMMEE, FL 34744

(City/State and Zip Code)

For further information concerning this matter, please call:

LUZ M URIBE

(Name of Person)

407

452-8800

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

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

FILED
14 APR 14 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
GOT THIRFT? KISSIMMEE LLC
2. The Articles of Organization were filed on 05/11/2011 and assigned
document number L11000055516
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).
THE COMPANY IS NOT LONGER IN 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: LUZ M URIBE
2513 ASCOT CT
KISSIMMEE, FL 34744

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:

Luiz M. Uribe

Signature

LUZ M. URIBE

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: GOT THIRFT? KISSIMMEE LLC

Document number of Limited Liability Company is: L11000055516

Date of dissolution was: 4-14-2014

Description of information that must be included in a written claim:

THE COMPANY IS NOT LONGER IN BUSINESS

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

GOT THIRFT? KISSIMMEE LLC

2513 ASCOT CT

KISSIMMEE FL 34744

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

LUZ M URIBE

Printed Name of the Person Filing

Luz M Uribe

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00