

L11000099 805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

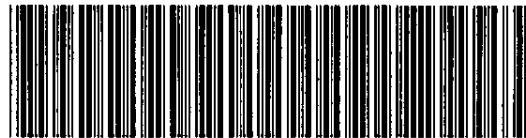
(Business Entity Name)

(Document Number)

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

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2014 MAR 19 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 26 2014  
D. COLE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CLASSIC COUNTRY 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:

VINCE VELLARDITA

(Name of Person)

(Firm/Company)

2701 GULF BOULEVARD

(Address)

INDIAN ROCKS BEACH, FL 33785

(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

VINCE VELLARDITA

(Name of Person)

727

595-8101

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**

1. The name of a limited liability company is

CLASSIC COUNTRY LLC

2. The Articles of Organization were filed on AUGUST 31, 2011 and assigned

document number L11000099805

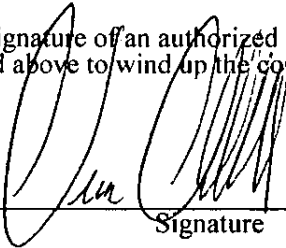
3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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 CONDUCTING 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

VINCE VELLARDITA

Printed Name

**FILED**  
2014 MAR 19 PM 3:03  
CLERK OF STATE  
TALLAHASSEE FLORIDA

**FILING FEE: \$25.00**