

L11000113794

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Casual Elegance Decor  
(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:

Yvonne Frazier

(Name of Person)

Casual Elegance Decor

(Firm/Company)

P.O. Box 4663

(Address)

Seminole, FL 33775

(City/State and Zip Code)

For further information concerning this matter, please call:

Yvonne Frazier

(Name of Person)

at ( 921 ) 260-1377

(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

Casual Elegance Decor

2. The Articles of Organization were filed on 10/5/2011 and assigned

document number L11000113794

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

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Voluntary - no longer producing products.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Yvonne Frazier  
PO Box 4663  
Seminole, FL 33775

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:

Yvonne Frazier  
Signature

Yvonne Frazier  
Printed Name

**FILING FEE: \$25.00**

**FILED**  
2015 APR 15 A 10:17  
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TALLAHASSEE, FLORIDA