

L11000124268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

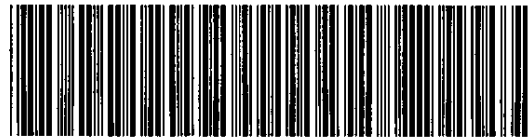
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300258389283

04/02/14--01008--004 **25.00

FILED
2014 APR -2 PM 12:23
TALLAHASSEE FLORIDA

APR 04 2014

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Krishon's Fresh Carpet of Ocala, 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:

David Lively 352-274-3129
(Name of Person)

Krishon's Fresh Carpet of Ocala, LLC
(Firm/Company)

5431 SE 35 Loop
(Address)

Ocala, FL 34480
(City/State and Zip Code)

For further information concerning this matter, please call:

David Lively at 352, 274-3128
(Name of Person) (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

FILED
2014 APR -2 PM 12:23
TALLAHASSEE, FLORIDA
STATE

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

1. The name of a limited liability company is

Crisnon's Fresh Carpet of Ocala, LLC

2. The Articles of Organization were filed on 10/28/11 and assigned
document number L11 000 124 268

3. The delayed effective date the dissolution if not effective on the date of filing: date of 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).

BUSINESS Shut down.

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



Printed Name

David Live

FILING FEE: \$25.00

FILED
2014 APR -2 PM 12:23
CLERK OF STATE
TALLAHASSEE, FLORIDA