LIR0000 15785

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	.
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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03/24/14--01009--001 **25.00

2014 MAR 24 PM 1: 50

EFFECTIVE DATE 03/25/14

MAR 27 2014 D. CPHCE

COVER LETTER

	ation Section n of Corporations		
SUBJECT:	Florida Fenc	cing and Shutters, LLC flimited Liability Company)	
The enclosed As	ticles of Dissolution and fee(s) are su	submitted for filing.	
Please return all	correspondence concerning this mat	tter to the following:	
	Pick	$\sqrt{\int_{1}^{1} \int_{1}^{1} g_{n} c}$ (Name of Person)	
		(Name of Person)	
		(Firm/Company)	
	10336 Tria	inon Place	
		(Address)	
	Wellington,	(Address) FL 33449 City/State and Zip Code)	
	(C	City/State and Zip Code)	
For further infor	mation concerning this matter, please	se call:	
Ri	ck Villa no (Name of Person)	at (S61) 256-2359 (Area Code & Daytime Telephone Number)::	4
	ck for the following amount:		#
\$25.00 1	Filing Fee and Certificate of Dissolution	\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	ig.

MAILING ADDRESS: STRE

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

ę.

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 Florida Fencing and Slatters LLC
2.	The Articles of Organization were filed on 2/2/2012 and assigned
	document number <u>L 12000015725</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: 3/25/2014 (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).
	Lack of Business and Funds available
	to stay operational
5.	If there are no members, enter the name and address of the person appointed to wind up the company's $\frac{1}{2} \left(\frac{1}{2} \right) = \frac{1}{2} \left(\frac{1}{2} \right) =$
	activities and affairs: Pick Villano
	10336 Trianon Pl.
	Wellington, Fl
	33449
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
_	Fick Villano
	Signature Printed Name

FILING FEE: \$25.00

EFFECTIVE DATE 03/35/14