

L 12-0000 22764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

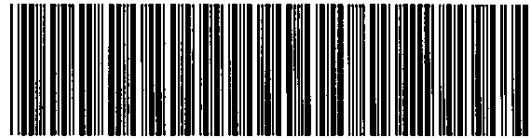
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400258826934

04/16/14--01011--009 **25.00

APR 21 2014

T CLINE

FILED
2014 APR 16 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOTEL-MOTEL FURNITURE,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:

LORENE E. CARLSON

(Name of Person)

HOTEL-MOTEL FURNITURE, LLC.

(Firm/Company)

17040 WILLOWCREST WAY #303

(Address)

FT. MYERS, FL 33908

(City/State and Zip Code)

For further information concerning this matter, please call:

LORENE E. CARLSON

(Name of Person)

239

at ()

482-6977

(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 16 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is
HOTEL-MOTEL FURNITURE, LLC.
2. The Articles of Organization were filed on FEBRUARY 15, 2012 and assigned
document number L12000022764
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 SALES

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: LORENE E. CARLSON
17040 WILLOWCREST WAY #303
FT. MYERS, FL 33908

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:

Lorene E. Carlson
Signature

LORENE E. CARLSON
Printed Name

FILING FEE: \$25.00

2014 APR 16 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED