112000037158

(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:
Openial mature to 1 ming officer.
·

Office Use Only



800259247318

04/28/14--01010--012 **25.00



J. Shivers MAY 0 ? 2014

COVER LETTER

	Registration Section Division of Corporations			
CHDIE	FULLCREEK PARTNERS LLC			
SUBJEC		Liability Company)		
The encl	losed Articles of Dissolution and fee(s) are submitted	d for filing.		
Please re	eturn all correspondence concerning this matter to the	e following:		
	ANDRE TEIXEIRA			
	(Name	of Person)		
FULLCREEK PARTNERS LLC				
(Firm/Company)				
17311 SW 12 STREET				
	(Ad	ddress)		
	PEMBROKE PINES FL 33029			
	(City/State	and Zip Code)		
For furth	ner information concerning this matter, please call:			
ANDRE TEIXEIRA		305 798-3545		
	(Name of Person)	(Area Code & Daytime Telephone Numbe	r)	
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	STREET/COURIER ADDR Registration Section	ESS:	
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

			<u>-</u>	
	If there are no members, enter the name	ne and address of the person appoir	nted to wind up the company's	
6. S liste	Signature of an authorized person or it above to wind up the company's ac	f there are no members, the signatu	are of the person appointed and	Įu s p
	M.		APR AHA	la di La di Mari