

L120000045445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 JAN 15 PM 1:19
CLERK OF STATE
TALLAHASSEE FLORIDA

JAN 21 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MADE FOR PLAY-ZURE
(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:

STACEY E. ELIAS SYPOWICZ

(Name of Person)

MADE FOR PLAY-ZURE

(Firm/Company)

11890 WEST SAMPLE ROAD

(Address)

CORAL SPRINGS, FL. 33065

(City/State and Zip Code)

For further information concerning this matter, please call:

Stacey E. Elias Sypowicz at 954 829-3450
(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

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

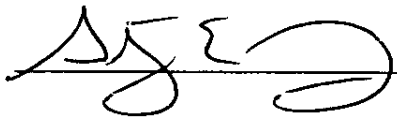
1. The name of a limited liability company is
Made For Play-Zure
2. The Articles of Organization were filed on April 3rd, 2012 and assigned
document number L12000045445
3. The delayed effective date the dissolution if not effective on the date of filing: _____
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
Business failed to produce any 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:

Stacey E. Elias Stpowicz
11890 West Sample Road
Coral Springs, FL 33065

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

Stacey E. Elias Stpowicz

FILING FEE: \$25.00

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CLERK OF STATE
TALLAHASSEE FLORIDA

FILED