

42000100243

(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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08/26/14--01021--010 **25.00

FILED
2014 AUG 26 PM 5:00
CLERK OF STATE
TALLAHASSEE FLORIDA

SEP 03 2014
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fashion Floors, 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:

Jerry Goodfarb, Personal Representative

(Name of Person)

(Firm/Company)

9141 Glendower Court

(Address)

Jacksonville, Florida 32257

(City/State and Zip Code)

For further information concerning this matter, please call:

Jerry Goodfarb

(Name of Person)

at (904) 614-8047
(Area Code & Daytime Telephone Number)

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2014 AUG 26 PM 5:00
TALLAHASSEE, FL

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

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

1. The name of a limited liability company is
Fashion Floors, LLC
2. The Articles of Organization were filed on 08/03/2012 and assigned
document number L12000100243
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).
605.0701(3) Passage of 90 consecutive days during which the company has no
members - sole Member deceased May 10, 2014.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Jerry Goodfarb, Personal Representative
9141 Glendower Court
Jacksonville, FI 32257

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

Jerry Goodfarb, Personal Representative

Printed Name

FILING FEE: \$25.00

FILED
2014 AUG 26 PM 00
CLERK OF STATE
JACKSONVILLE, FLORIDA