

L12000104418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

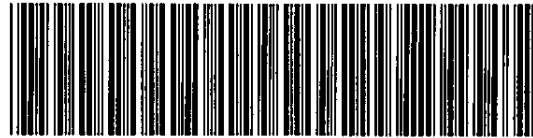
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2014 AUG 27 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W. Sullivan SEP - 2 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pottery Fiesta, 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:

Anel Molina

(Name of Person)

Pottery Fiesta, LLC

(Firm/Company)

P.O. Box 823256

(Address)

Pembroke Pines, FL 33082

(City/State and Zip Code)

For further information concerning this matter, please call:

Anel Molina

(Name of Person)

at

954 707 7093

(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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
2014 AUG 27 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Pottery Fiesta, LLC

2. The Articles of Organization were filed on 8/14/12 and assigned

document number L12000104418

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).

not enough Business capital to
invest any longer in this business.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Anel Molina
2033 NW 141 St. Ave.
Pembroke Pines
FL 33028

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

Anel Molina
Printed Name

FILING FEE: \$25.00