

L12000 112842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

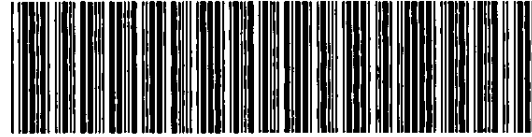
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

D. 35

Office Use Only



100257894871

03/24/14--01005--018 **25.00

FILED

2014 MAR 24 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 27 2013
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Faze Into Paradise 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:

Janet Fazen
(Name of Person)
Faze Into Paradise LLC
(Firm/Company)
PO Box 100064
(Address)
Cape Coral, FL 33910
(City/State and Zip Code)

For further information concerning this matter, please call:

Janet Fazen at 262 370-7031
(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

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

1. The name of a limited liability company is
Faze Into Paradise LLC

2. The Articles of Organization were filed on September 4, 2012 and assigned
document number L12000112842

3. The delayed effective date the dissolution if not effective on the date of filing: April 30, 2014
(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).
Closed Retail Store

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

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:

Janet Fazen
Signature

Janet Fazen

Printed Name

FILING FEE: \$25.00

2014 MAR 24 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED