L12000128827

(Re	questor's Name)	1			
(Ad	dress)				
(Ad	dress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Na	me)			
	1				
(Do	cument Number)			
Certified Copies	_ Certificate	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



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2014 APR -1 AM 7:58
SECRETARY OF STATE
AND ARASSES FOR DRIVA

APR 2 3 2019

T. HAMPTON

COVER LETTER

	O: Registration Section Division of Corporations						
CHD IE	ALL ABOUT CARTRIDGES LLC	ALL ABOUT CARTRIDGES LLC					
SUBJECT: (Name of Limited Liability Company)							
The encl	losed Articles of Dissolution and fee(s) are submitte	d for filing.					
Please re	eturn all correspondence concerning this matter to the	ne following:					
	MA RODORA S. MCCLUNG						
(Name of Person)							
ALL ABOUT CARTRIDGES LLC							
	(Firm	/Company)					
2900 CARVELLE DRIVE							
	(A	.ddress)	 				
	RIVIERA BEACH, FL 33404						
	(City/State	and Zip Code)					
For furth	her information concerning this matter, please call:						
	MA RODORA S. MCCLUNG	561	5236059				
	(Name of Person)		ode & Daytime Telephone Number)				
Enclosed	is a check for the following amount:						
_	\$25.00 Filing Fee and Certificate of Dissolution		ng Fee, Certificate of Dissolution & Copy (additional copy is enclosed)				
	MAILING ADDRESS:		EET/COURIER ADDRESS:				
	Registration Section Division of Corporations		stration Section sion of Corporations				
	P.O. Box 6327	Clift	on Building				
	Tallahassee, FL 32314	2661	Executive Center Circle				

Tallahassee, FL 32301



April 9, 2014

MA RODORA S MCCLUNG 2900 CARVELLE DR RIVIERA BEACH, FL 33404

SUBJECT: ALL ABOUT CARTRIDGES LLC

Ref. Number: L12000128827

We have received your document for ALL ABOUT CARTRIDGES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 514A00007641

Tammy Hampton
Regulatory Specialist III

www.sunbiz.org

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabi				
2.	The Articles of Organization	n were filed on OCT	OBER 2012	and assigned	
	document number L12000	128827			
3.	The delayed effective date (effective	ffective on the date of filing more than 90 days later than date of	filing: APRIL 01, 2014 a date document is received for filing)		
4.	A description of occurrence 605.0707, Florida Statutes, NO BUSINESS ACTIV	(copy 605.0707 on bac	mited liability company's die k cover letter).	ssolution pursuant to section	
5.	If there are no members, en			o wind up the company's	
	activities and affairs:				
		2900 CARVELLE	DRIVE		
		RIVIERA BEACH	H, FL 33404		
lis	Signature of an authorized sted above to wind up the co	person or if there are r mpany's activities and	no members, the signature of affairs:	the person appointed and	
1	he. lodore (- walle	MA RODORA S. M		
_	Signature	U	Printed	Name	

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

ame of Limited Liability Company:	
ocument number of Limited Liability Company is:	
ate of dissolution was: APRIL 01, 2014	
escription of information that must be included in a written claim:	
	,
Iailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations):	7
OF STATE E. FLORIDA	
claim against the above named limited liability company will be barred unless a proceeding to enforce the aim is commenced within 4 years after the filing of this notice.	
MA RODORA S. MCCLUNG Printed Name of the Person Filing Signature of the Person Filing	8
Printed Name of the Person Filing	

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00