

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
· (Bu	siness Entity Na	me)
(Do	cument Number)	
Certified Copies	_ Certificate	s of Status
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2015 DEC 21 P 5: 52
SECRETARY OF STATE
AND ARASSEE FOR STATE

DEC 21 2015

1-1-14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Abavegrade Homes Juspetions Puc (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:

GALVATORE BORDONARO DE (Name of Person)	
V	
Abovegrade Home Inspections (Firm/Company)	He
(Firm/Company)	
1506 TRILIUM ELLO	
(Address)	
SARAGOTA, FT 3A2H	
(City/State and Zip Code)	Z

For further information concerning this matter, please call:

(Name of Person)

(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
Abovegande Home Impedients the
2. The Articles of Organization were filed on October 12 2012 and assigned
document number <u>11200130480</u>
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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not listed as the document's effective date on the Department of State's records.
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).
A unanimous Agreement to dusolve the
Company
TARY CASSEE
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
1586 Tellion Bloo
GARAGA PL 3424
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:
John Done Galvatore Boszow and L. Signature FILING FEE: \$25.00
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