

L12000 138139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

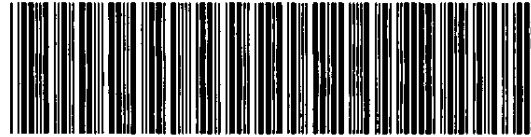
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/14/14--01011--005 **25.00

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2014 MAR 14 AM 6:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 18 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: QUALITY SIGNS 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:

FREDD MONTOYA

(Name of Person)

THE EXECUTIVE FINANCIAL GROUP

(Firm/Company)

10181 NW 58TH ST UNIT 9

(Address)

DORAL, FL 33178

(City/State and Zip Code)

For further information concerning this matter, please call:

FREDD MONTOYA

(Name of Person)

at (305) 463-0155

(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

QUALITY SIGNS LLC

2. The Articles of Organization were filed on 10/30/2012 and assigned
document number L12000138139

3. The delayed effective date the dissolution if not effective on the date of 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).

Resolved, that the affairs of the company have been concluded.

Resolved, that there are no debts, obligations and liabilities of the company

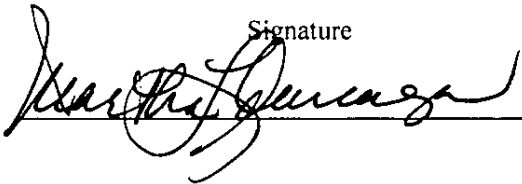
Resolved, that there are no suits pending against the company.

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:

Signature

Printed Name



MARTHA L. CAREAGA

FILING FEE: \$25.00

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2014 MAR 14 AM 6:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA