

L12000153498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

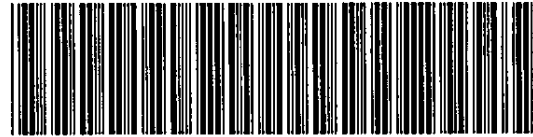
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/10/14--01005--007 **25.00

RECEIVED
TALLAHASSEE, FLORIDA
MAR 10 2014

J. Stivers MAR 11 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DEMICLAIR 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:

Heiko Stuvén

(Name of Person)

DEMICLAIR LLC

(Firm/Company)

3839 NW 125TH STREET

(Address)

OPA LOCKA, FL 33054 UN

(City/State and Zip Code)

For further information concerning this matter, please call:

Heiko Stuvén

(Name of Person)

786

457-3310

at (

(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:

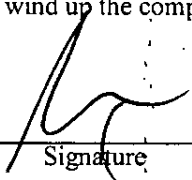
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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
DEMICLAIR LLC
2. The Articles of Organization were filed on 12/07/2012 and assigned
document number L12000153498
3. The delayed effective date the dissolution if not effective on the date of filing: 01-01-2014
(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).
Partners split up
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Heiko Stuvén
3839 NW 125TH STREET OPA LOCKA, FL 33054 UN
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

Heiko Stuvén

Printed Name

FILING FEE: \$25.00

FILED
TALLAHASSEE, FLORIDA
JAN 10 PM 1:45