

L13 000031787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

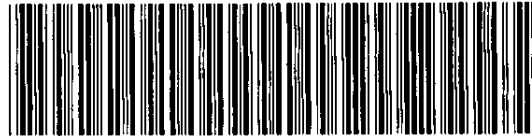
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 AUG - 7 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 AUG - 7 AM 8:45



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 242640 7927210

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : August 4, 2014

ORDER TIME : 2:37 PM

ORDER NO. : 242640-010

CUSTOMER NO: 7927210

DOMESTIC FILINGS

NAME: CRYSTAL CLEAR REEF, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stephanie Milnes - EXT# 62920

EXAMINER'S INITIALS: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRYSTAL CLEAR REEF
(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:

WILLIAM FRADEN
(Name of Person)

CRYSTAL CLEAR REEF
(Firm/Company)

2833 CLARK ST.
(Address)

APOKA, FLA. 32703
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 AUG - 7 PM 04 46

For further information concerning this matter, please call:

WILLIAM FRADEN at 407 920-0663
(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
CRYSTAL CLEAR REEF, LLC
2. The Articles of Organization were filed on 03/01/2013 and assigned
document number L13000031787
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)
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).
NO LONGER IN BUSINESS.

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:

William Fraden
Signature

WILLIAM FRADEN, MEMBER
Printed Name

FILING FEE: \$25.00

FILED
IN
CLARK COUNTY
FLORIDA
14 AUG - 7 PM 8 46