1/30000/3270

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	
	MAR - 7	2018
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TALLAHASSEE, FLORIDA

TILED

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

Fuzion Machine Works, 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:

James M. Mangefrida	
(Name of Person)	FI MARIE
(Firm/Company)	-6 T
4060 Turkey Creek Court	
(Address)	
St. Augustine, Florida 32086	RATE CO

(City/State and Zip Code)

For further information concerning this matter, please call:

Jame M. Mangefrida

ູ 904

794-7032

(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 liabil Fuzion Machine Wor		ASSEE, OF
The Articles of Organization document number L13000	0043270	STATE LORIDA
3. The delayed effective date t	he dissolution if not effective on the date of filing: Effective da	ate of filing
605.0707, Florida Statutes, (that resulted in the limited liability company's dissolution pursua copy 605.0707 on back cover letter). s, LLC by execution of resolution, has ceased operation.	
a lack of business.		
Stacey F. Mangefrida, MG	GRM and James M. Mangefrida, MGRM approved and signed	the resolution
5. If there are no members, entactivities and affairs:	er the name and address of the person appointed to wind up the co	ompany's
	4060 Turkey Creek Court	
	St. Augustine, FL 32086	
6. Signature of an authorized pabove to wind up the company	person or if there are no members, the signature of the person appoars activities and affairs:	ointed and listed
Signature	Printed Name	
langer of	JAMES M. MANJE	Fixe
	FILING FEE: \$25.00	