113000044218

(R	Requestor's Name)	
(A)	address)	
(A	address)	
(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		
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COVER LETTER

Division of Corporations
SUBJECT: MARY FIORINI 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:
MARY FIORINI (Name of Person)
(Name of Person)
MARY FIORINI LLC. (Firm/Company)
(Firm/Company)
10634 Restoration Terrace
(Address)
BRAdenton, Fl. 34212
(City/State and Zip Code)
For further information concerning this matter, please call:
Michael Fiorial at (94) 526-9995 (Area Code & Daytime Telephone Number) 5
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee and Certificate of Dissolution

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

Certified Copy (additional copy is enclosed)

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
MARY FIORINI, LLC.
2/-1/2
2. The Articles of Organization were filed on $3/25/13$ and assigned
document number <u>L13000044218</u>
3. The delayed effective date the dissolution if not effective on the date of filing: \(\frac{12}{3} \) \(\frac{16}{100} \) \((effective date cannot be prior to or more than 90 days later than date document is received for filing) \)
(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 be
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).
No longer working in the Residential Real
estage 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: MARY FIORINI
10634 Roctoration Teasage
BRADENTON, M. 342/2
(941) 526-9995
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:
$M = T_{\perp}$
Mand & Figure MARY HORINI
Signature / Printed Name
// FILING FEE: \$25.00