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| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section | |
|-----|--------------------------|--|
| | Division of Corporations | |

SUBJECT: CARPET PTILE PLOS 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:

| Randee Abranowitz |
|---------------------------|
| (Name of Person) |
| CARPET UTILE PLUS LLC |
| (Firm/Company) |
| 1022 NW 105 AUÉ |
| (Address) |
| PLANTATION FL 33322 |
| (City/State and Zip Code) |

For further information concerning this matter, please call:

Randee Abra mawltz at (954) 873-3572

(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$35.00 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

FILED
2015 APR 23 AN II: 12
SECRETARY OF STATE

| 1. | The name of a limited liability company is CARPET STILE PLUS LLC |
|-----------|--|
| 2. | The Articles of Organization were filed on APRIL 2 - 2 Capte assigned |
| | document number $\frac{\cancel{L}\cancel{13} \cancel{0000}\cancel{48}\cancel{40}\cancel{4}}{\cancel{0000}\cancel{48}\cancel{40}\cancel{4}}$ |
| 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) |
| | 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). |
| | THERE WAS NO ACTIVITY OR |
| | BUSINESS TRANSACTIONS FOR |
| | OVER 1 YEAR |
| 5. | If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: **RANDEE ARAMOUITZ*** |
| | 1022 NW 105 AUE |
| | PHANTATION FL 33332 |
| | |
| 6. lis | Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs: |
| | Rade Chil Rande & Abramow 17 |
| | Signature Frince Manie |

FILING FEE: \$25.00