

L13 0000 49542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

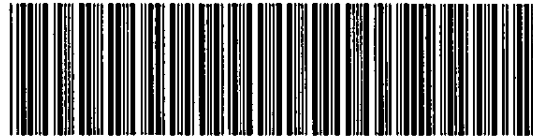
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2014 JAN 30 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FL 32310

FEB - 3 2014

T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **EXOTIC STONE 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:

Robert H Cloos

(Name of Person)

Exotic Stone LLC

(Firm/Company)

13900 South Jog Road #203-194

(Address)

Delray Beach, FL 33446

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Cloos

(Name of Person)

at **970 948-7222**

(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

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

EXOTIC STONE LLC

2. The Articles of Organization were filed on APRIL 4, 2013 and assigned
document number L13000049542

3. The delayed effective date the dissolution if not effective on the date of 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 ORDERS FOR PRODUCTS, THEREFORE NO SALES. ZERO REVENUE GENERATED FROM EXTENSIVE MARKETING, TRADE SHOW EXHIBITION.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Robert H Cloos

12400 Summer Springs Drive

Boynton Beach, FL 33437

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

Printed Name



Robert H. Cloos

FILING FEE: \$25.00

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