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, (Re	equestor's Name)			
(Ad	ldress)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificates	of Status		
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Special Instructions to	Filing Officer:			

Office Use Only



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MITANASSEE FLORID

ATTANASSEE FLORID

JUN 19 2015 I. HARRIS

COVER LETTER

SUBJECT: Deco Accents 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:
Belloly Socres
(Same of Person)
Deco Accords (DBA) (Firm/Company)
(Firm/Company)
2621 HW 79 Av
; /
Miami Fl. 33172 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Bellal Bods at (305-) 588026 (Name of Person) (Area Code & Daytime Telephone Number)
(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:

TO:

Registration Section Division of Corporations

> 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 Decor Access CC.
2.	The Articles of Organization were filed on
	document number <u>L 13000106156</u>
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) 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 more Dusiness-
5.	If there are no members, enter the name and address of the person appointed to wind up the company activities and affairs:
	RICED PR
	ATE LORIDA
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs: Belaly Bades
	Brigad Nava

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712. F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Deco Access LC		
Document number of Limited Liability Company is: 413 000 10 6/56		
Date of dissolution was: Hay 25 -2015		
Description of information that must be included in a written claim:		
	 	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	15 JU	
2621 HILL 24 Aug	8	
2621 HW 79 Ave. Hiami Fl. 33177	PK	
	1: 22	
	. , •	
A claim against the above named limited liability company will be barred unless a proceeding to enfo claim is commenced within 4 years after the filing of this notice.	rce the	
	7	
Belloly Barles		
Printed Name of the Person Filing Signature of the Person Filing		

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00