# U3000110044

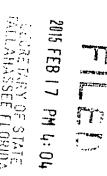
(Requestor's Name)					
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☐ WAIT	MAIL				
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Special Instructions to Filing Officer:					
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Office Use Only



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### **COVER LETTER**

SUBJECT: A	merican Woolen Company, LLC (Name of Limited	Liability Compa	iny)		
The enclosed Ar	ticles of Dissolution and fee(s) are submitted	l for filing.			
Please return all	correspondence concerning this matter to the	e following:			
	Jacob H. Long				
	(Name	of Person)		_	
	American Woolen Company, Inc.				
	(Firm/	Company)		_	
	8 Furnace Avenue				
	(Ac	ldress)			
	Stafford Springs, CT 06076				
	(City/State	and Zip Code)		<del></del>	
For further infor	mation concerning this matter, please call:			2015	<b>C</b> assage
Jaco	b H. Long	860	684-2766 x104	FEB.	-
-	(Name of Person)		Code & Daytime Telephone Nu	TD	5
	ck for the following amount: Filing Fee and Certificate of Dissolution		ng Fee, Certificate of Dissoluti Copy (additional copy is enclo		1

#### **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 liab American Woolen Co	• •			
2. The Articles of Organizati	on were filed on August 6	, 2013	and assigned	
document number L1300	0110644			
3. The delayed effective date (effective)	the dissolution if not effective date cannot be prior to or more t	ve on the date of filir han 90 days later than date	ng: e document is received t	for filing)
4. A description of occurrence 605.0707, Florida Statutes,	te that resulted in the limited (copy 605.0707 on back cov	liability company's over letter).	dissolution pursuan	t to section
LLC no longer being u	sed. Inactive.			
5. If there are no members, e	nter the name and address of	the person appointed	l to wind up the cor	mpany's.
activities and affairs:	Jacob H Long		Ī	
denvices and arrans.	American Woolen Co	ompany, Inc.		EB 17
	8 Furnace Avenue			O PR
	Stafford Springs, CT	06076	20 EX	4:04
6. Signature of an authorized listed above to wind up the co	person or if there are no me ompany's activities and affai	mbers, the signature rs:	of the person appoin	nted and
Joh Hame	h	Jacob H. Long	nd Nama	

**FILING FEE: \$25.00**