## L17000126542

(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	)
_		
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	)
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Eiling Officer	
Special instructions to	rining Officer.	
		:
	Office Use Only	



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SECRETARY OF STATE
AM I AMASSEE FLABRIA



September 11, 2014

MANUEL MARROQUIN 1201 LINMOOR CIR NE PALM BAY, FL 32907

SUBJECT: MANNY'S WOOD FLOORS, LLC

Ref. Number: L13000120542

We have received your document for MANNY'S WOOD FLOORS, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 814A00019424

## **COVER LETTER**

TO: Registration Section

Division of C	Corporations					
SUBJECT: Disso	olution of LL	С				
DOCUMENT NUME						
The enclosed Notice o	f Limited Liability (	Company Dissolution	and fee are submitted for filing.			
Please return all corres	spondence concerning	this matter to the follo	wing:			
Manuel Mar	roquin					
	(Name of (	Contact Person)	M. 1807 4 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Manny's Wood Floors						
	(Firm	n/Company)	,			
1201 Linmo	or Cir NE					
	(Ac	ldress)				
Palm Bay Fl	_ 32907					
(City/State and Zip Code)						
For further information	n concerning this mat	ter, please call:				
Manny		at (321 ) 4	1460820 (Daytime Telephone Number)			
(Name of Co	ontact Person)	(Area Code)	(Daytime Telephone Number)			
Enclosed is a check for	r the following amour	ıt:				
	3 \$30 Filing Fee & Certificate of Status	■ \$55 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$60 Filing Fee, Certificate of Status & sed) Certified Copy (Additional copy is enclosed)			
MAILING ADE Amendment Se Division of Co P.O. Box 6327 Tallahassee, FI	ction rporations	Amo Divi Clif 266	EET ADDRESS: endment Section ision of Corporations ton Building 1 Executive Center Circle			

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability compan		Floors	ш	<del></del> .	
2. The Articles of Organization were filed	a_	26-13	and assign	ed	
document numberL1300	20170	542			
3. The delayed effective date the dissoluti (effective date cannot b	ion if not effect be prior to or more	tive on the date of fi than 90 days later than o	ling:late document is rec	eived for filing)	
4. A description of occurrence that resulte 605.0707, Florida Statutes, (copy 605.0	1707 on back co	over letter).		C)	
Having comp beneficial to	oratu	n Open	15 M	<u>ンナー</u>	
5. If there are no members, enter the name activities and affairs:	e and address o	of the person appoin	ted to wind up th	ne company's	
activities and arrans.					
		····		- 18 F	
				SEP AH	
				29 858 858 858 858 858 858 858 858 858 85	
6. Signature of an authorized person or if listed above to wind up the company's act	there are no maivities and affa	embers, the signatur iirs:	re of the person a	appointed and	
Many Manne		manue	1 mar	roquin	
Signature		Printed Name			

FILING FEE: \$25.00