41625

(Red	uestor's Name)			
(Add	dress)			
(Add	lress)			
•	•			
(City	//State/Zip/Phone	· #\		
(City/State/Zip/Filone #)				
PICK-UP	☐ WAIT	MAIL		
	v			
(Bus	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



600283329756

_ 600283329756 03/18/16--01013--006 **25.00

MAR 2 0 2016 ERBVINE L

16 MAR 18 PM 12: 31
SEGRETARY OF STATE

COVER LETTER

TO:

Registration Section
Division of Corporations

PEDRO'S CARPETS LLC

SUBJECT:

(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:

JULISSA ROSADO

(Name of Person)

DCM SERVICES CENTER INC

(Firm/Company)

7208 N ARMENIA AVENUE

(Address)

TAMPA, FLORIDA 33604

(City/State and Zip Code)

For further information concerning this matter, please call:

JULISSA ROSADO

_,813

990-8630

(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:

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 lia PEDRO'S CARPETS LLC	• •		
2. The Articles of Organiza			gned
Note: If the date inserted	tive date cannot be prior to or mo	re than 90 days later than date document is applicable statutory filing requirement	
4. A description of occurrer 605.0707, Florida Statute	es, (copy 605.0707 on back	ted liability company's dissolution cover letter).	pursuant to section
5. If there are no members, activities and affairs:	enter the name and address PEDRO VALENZUELA	s of the person appointed to wind up	o the company's
activities and attaits.	C/O DCM SERVICES (CENTER INC	MAR I
	7208 N ARMENIA AV	ENUE	8 PH
	TAMPA, FLORIDA 336	504	5:31 S:31
6. Signature of an authorize listed above to wind up the	ed person or if there are no company's activities and at	members, the signature of the persofairs:	on appointed and
Pelio Udoresh		PEDRO VALENZUELA	
Signature	e	Printed Name	

FILING FEE: \$25.00