41400000 4507

(Requestor's Name)
(811-23)
(Äddress)
(Address)
(1837-333)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE

2014 FEB 13 PH 190

COVER LETTER

SUBJECT: Finish Line FADon L.C.C (Name of Limited Liability Company)
(Name of Ennied Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
BUFF BETZ
(Name of Person)
Finish Live Fabru L.L.C
(Firm/Company)
928 Deboecen Rons
(Address)
SARASOTA, EL, 34240
(City/State and Zip Code)
City/State and Zip Code) (City/State and Zip Code) For further information concerning this matter, please call:
RUTE BETS -1/941 1376-283385 6
00 t 0 0 2 at 170 378 24 33 25
(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
	Finish Line From L.L.C
2.	The Articles of Organization were filed on 12-30-13 and assigned document number L 1400000 4507
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). Transing 4 and personal Interest changes as well as health issues.
	as well as health tissues.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs: SOFF BETZ
	928 Debaccan Rosa
	# 5 AMZA SOTA, FL 34240
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed pove to wind up the company's activities and affairs:
	Signature Printed Name
*	Buff BETZ
	FILING FEE: \$25.00 FILING FEE: \$25.00 FILING FEE: \$25.00
	Y OF STATE ORIDA