

Florida Department of State Division of Corporations

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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name	:	JOHN L. TOMLINSON
Account Number	:	I19980000017
Phone	:	(954)771-9336
Fax Number	:	(954)771-9488



LLC DISSOLUTION OR WITHDRAWAL AMERICAN TILE & BULLNOSE, LLC

Certificate of Status	0
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1:01 1 4 2014

T. HAMPTON

11/13/2014

11-13 12:01	8 850-617-6381	P 2/
71 1	ARTICLES OF DISSOLUTION	
	FOR A LIMITED LIABILITY COMPANY	
1. The name of a limited liab	ability company is AMERICA TILE & BULLNOSE LLC	
2. The Articles of Organizat	and assigned	
document number L1400	000030680	
3. The delayed effective data (effecti	te the dissolution if not effective on the date of filing: tive date cannot be prior to or more than 90 days later than date document is received for filing)	
 A description of occurrent 605.0707, Florida Statutes 	nce that resulted in the limited liability company's dissolution pursuant to section is, (copy 605.0707 on back cover letter).	
All of the members co	onsent to dissolve AMERICA TILE & BULLNOSE LLC.	
·		
 If there are no members, e activities and affairs: 	enter the name and address of the person appointed to wind up the company's	
6. Signature of an authorized	d person or if there are no members, the signature of the person appointed and company's activities and affairs:	
listed above to wind up the co		
listed above to wind up the co	\succ	
	MUSTAFA SOYDAN Printed Name	
listed above to wind up the co	·	
	FILING FEE: \$25.00	
	FILING FEE: \$25.00	
	Printed Name FILING FEE: \$25.00	1.10.000 and 1.100
	FILING FEE: \$25.00	1.10.000 and 1.100

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:_____

Document number of Limited Liability Company is:_ 1/13/14

Date of dissolution was: _____

Description of information that must be included in a written claim:

A claim against the company is barred unless an action to enforce the claim is

commenced within 4 years after filing of this notice.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

1863 NW 29TH STREET OAKLAND PARK, FL 33311

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

MUSTAFA SOYDAN Stguature of the Person Filing Printed Nante-of the Person Filing

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

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