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(Re	equestor's Name)			
(Ad	dress)			
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
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SEGRETARY OF STATE TALLAHASSEE, FLORIBA

FILED

G. BOSTICK

OCT 2 9 2014

EXAMINER

COVER LETTER

TO:	_	istration Section ision of Corporations		
SUBJECT:		HOME		
The enc	losed	Articles of Dissolution		
Please r	eturn a	all correspondence con		
		JAIME ZABAL		

DECOR ON 5TH, LLC

(Name of Limited Liability Company) and fee(s) are submitted for filing. cerning this matter to the following: (Name of Person) JAIFER ZABALA LLC (Firm/Company) 5901 BERMUDA LN (Address) **NAPLES, FL 34119** (City/State and Zip Code) For further information concerning this matter, please call: 239 825-8559 JAIME ZABALA (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$55,00 Filing Fee, Certificate of Dissolution & \$25.00 Filing Fee and Certificate of Dissolution Certified Copy (additional copy is enclosed) STREET/COURIER ADDRESS: **MAILING ADDRESS:**

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

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 HOME DECOR ON 5TH, LLC					
2.	The Articles of Organization were filed on FEBURARY 25, 2014 and assigned					
	document number L14000031792					
3.	The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for 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). BUSINESS NOT VIABLE. NOT PRODUCING REVENUE 					
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:						
	5901 Bermuda Lane					
	Naples, FL 34119					
6.	Signature of an authorized person or if there are no members, the signature of the person appointed and					
lis	sted above to wind up the company's activities and affairs:					
<u> </u>	Signature Signat					

FILING FEE: \$25.00

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: L14000031792			
Date of dissolution was: SEPTEMBER 30, 2014			_
Description of information that must be included in a written claim:			
COMPANY IS NOT VIABLE NOT PRODUCING REVENUE			
Mailing address where claims can be sent: (Claims cannot be sent to the Division of	Corporatio	ons)	
JAIFER ZABALA, LLC		3 OC	
5901 BERMUDA LN	TARY ASSE	007 27	
NAPLES, FL 34119	F. C.	_ ס	
	STATE ORIĐ	2: OP	
	· !> `	σ	

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.

JAINE ZABA A
Printed Name of the Person Filing

Signature of the Person Filing

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