L14000062154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 02 2015
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DISSOLUTION OF LLC
(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:

KEITH ROBERTS
(Name of Person)

COMFY HEAD PRODUCTS LLC
(Firm/Company)

4405 SLEEPY HOLLOW LN
(Address)

PLANT CITY, FL. 33565
(City/State and Zip Code)

For further information concerning this matter, please call:

KEITH ROBERTS at (813) 727-6150
(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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2015

KEITH ROBERTS
COMFY HEAD PRODUCTS LLC
4405 SLEEPY HOLLOW LN
PLANT CITY, FL 33565

SUBJECT: COMFY HEAD PRODUCTS LLC
Ref. Number: L14000062154

We have received your document and check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The incorrect form was submitted. Please complete form pursuant to a Florida Limited Liability Company.

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

If we have had no written response within 60 days of this letter, we will consider your document abandoned.

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

Registration Section.

Letter Number: 315A00009442

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
COMFY HEAD PRODUCTS LLC.

2. The Articles of Organization were filed on ? 4/16/14 and assigned
document number L14000062154

3. The delayed effective date the dissolution if not effective on the date of filing: 4-30-15 ?
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).
COMPANY CLOSED

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
KEITH ROBERTS
4405 SLEEPY HOLLOW LN
PLANT CITY, FL. 33565

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Signature

KEITH ROBERTS
Printed Name

FILING FEE: $25.00

FILED
15 JUN -2 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA