

L 1400065327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

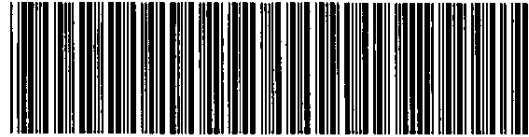
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/11/14--01006--017 \*\*25.00

14 AUG 11 AM 11:18  
SECRETARY OF STATE  
BILLY ROSS, JR.  
LONDON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Paolang, 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:

Caroline Belis

(Name of Person)

Belis Law Firm

(Firm/Company)

7603 19th Ave Dr West

(Address)

Bradenton, FL 34209

(City/State and Zip Code)

For further information concerning this matter, please call:

Caroline Belis

(Name of Person)

at ( 941 447-9934 )

(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 liability company is  
Paolang, LLC
2. The Articles of Organization were filed on 04/22/2014 and assigned  
document number L14000065327
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).  
Consent of all the members  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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

Michel Cerene  
Printed Name

**FILING FEE: \$25.00**

FILED  
16 AUG 11 AM 11:10  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE 11TH JUDICIAL CIRCUIT  
IN FLORIDA