

L 14 000 104915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

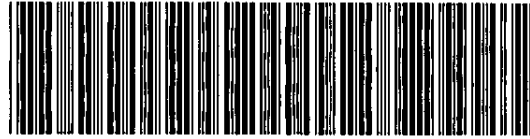
(Business Entity Name)

(Document Number)

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

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04/08/15--01022--008 \*\*25.00

FILED  
15 APR -9 AM 10:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 APR 22 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Flat Rock Tile 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:

John E. Hale  
(Name of Person)

Flat Rock Tile LLC  
(Firm/Company)

2880 Semoran Dr.  
(Address)

Pensacola, FL 32503  
(City/State and Zip Code)

For further information concerning this matter, please call:

John E. Hale at ( 850 ) 512-7992  
(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

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Flat Rock Tile LLC

2. The Articles of Organization were filed on 7/1/2014 and assigned

document number L14000104915

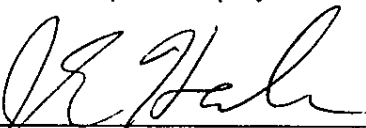
3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

Had to accept a job offer from  
an Employer.

5. If there are no members, enter the name and address of the person appointed to wind up the company 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

John E. Hale  
Printed Name

**FILING FEE: \$25.00**

15 APR -9 AM 10:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED