

L1400011113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

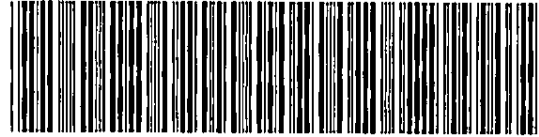
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 MAR -1 PM 01

FILED

MAR 07 2019
T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL About Trim Architectural Design 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:

Gina Barker
(Name of Person)

AAT Architectural Design, LLC
(Firm/Company)

17080 Doyle Ave.
(Address)

Port Charlotte, FL 33954
(City/State and Zip Code)

For further information concerning this matter, please call:

Gina Barker at (941) 258-5482
(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

Please mail me a copy of Dissolution.
Thank you.

Gina Barker

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

1. The name of a limited liability company is

ALL About Trim Architectural Design, LLC

2. The Articles of Organization were filed on Oct 14, 2014 and assigned

document number L1400011113

3. The delayed effective date the dissolution if not effective on the date of filing: 11-30-15
(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).

Barry A Barker passed away on 6-13-15

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: GINA Barker (surviving spouse)

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:

Gina Barker
Signature

Gina Barker
Printed Name

FILING FEE: \$25.00

2015 MAR - 1 PM 01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: ALL About Trim Architectural Design LLC

Document number of Limited Liability Company is: L1400011113

Date of dissolution was: 11-30-18

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

Barry D. Barker owned business we
me Gina J. Barker (surviving spouse). Barry
died on June 13, 2018.

I need a copy of the dissolution to
get the truck associated w/ the company tagged by
3-20-19. Thank you. Gina Barker

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

Gina Barker
17080 Doyle Ave.
P.C., FL 33954

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.

(There are no claims against company) it no longer exists.

Gina Barker

Printed Name of the Person Filing

Gina Barker

Signature of the Person Filing