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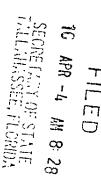
_ (Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	ry/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Do	cument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					





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04/04/16--01034--018 **25.00





1146 Walker Road, Suite C Great Falls, Virginia 22066 T: 703.759.1055 • F: 703.759.1051 info@BerensonLLP.com

1 April 2016

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

VIA FEDEX

RE: Max Force Hurricane Windows and Doors LLC
Articles of Dissolution

Dear Sir or Madam:

Please find attached the Articles of Dissolution for filing, along with a \$25.00 check to cover the filing fees for the above-referenced entity. Please return a date-stamped copy of the Articles of Dissolution to this office in the enclosed self-addressed stamped envelope.

Thank you in advance for your assistance in this matter. If you should have any questions regarding this matter please do not hesitate to contact me.

Respectfully,

G. Michelle Rubis

Director of Operations and

Client Management

Enclosures

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Max Force Hurricane Windows and Doors 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:

Michelle Rubis			
(Name of Person)		<u></u>	
Berenson LLP		ξ; AP	-71
(Firm/Company)		20 1	==
1146 Walker Road, Suite C		4 AM	, ED
(Address)	10.7	.: <u>-</u> φ	
Great Falls, VA 22066		28	

(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle Rubis

_a /03

759-1055

(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 lial	oility company is				
Max Force Hurricane Wind	ows & Doors LLC			<u> </u>	_,
2. The Articles of Organizat	ion were filed on $\frac{08/19/14}{1}$	1	and assigne	d	
document number L14000	0130591				
Note: If the date inserted i	e the dissolution if not eff ve date cannot be prior to or mon this block does not meet the ective date on the Department	ore than 90 days later than d e applicable statutory fili	date document is rece		
4. A description of occurren 605.0707, Florida Statutes	ce that resulted in the lim	ited liability company' cover letter).	s dissolution pur	suant to see	tion
No longer doing business.	, (,		그음 목	
				SSS	=
					<u> </u>
				FLO FST.	
				090.4 070.4 070.4))
5. If there are no members, e activities and affairs:	enter the name and addres James Fiume	s of the person appoint	ted to wind up the	e company's	- S
	10839 Train Court				_
	Houston, TX 77041				-
6. Signature of an authorized listed above to wind up the c	d person or if there are no ompany's activities and a	members, the signatur	e of the person a	ppointed and	- d
01 Bumo		D.S. Berenson			
Signature		Prir	nted Name		-

FILING FEE: \$25.00