

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

**LLC DISSOLUTION OR WITHDRAWAL
CERNY ENTERPRISES LLC**

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FEB 08 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cerny Enterprises, 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:

Emily Wolf

(Name of Person)

Ungerlaw, PC

(Firm/Company)

12121 Wilshire Blvd., Ste. 1201

(Address)

Los Angeles, CA 90025

(City/State and Zip Code)

For further information concerning this matter, please call:

Emily Wolf

(Name of Person)

at 310 820-1000

(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
Cerny Enterprises, LLC
2. The Articles of Organization were filed on 10/21/2014 and assigned
document number L14000164230
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)
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).
The company has ceased to do business.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:
Amanda Cerny
377 SE SOUTHWOOD TRAIL
STUART, FL 34997
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:

6. Signature of an authorized person or if there a listed above to wind up the company's activities


Signature

Amanda Cerny

Printed Name _____

FILING FEE: \$25.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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