

L1400018385L

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

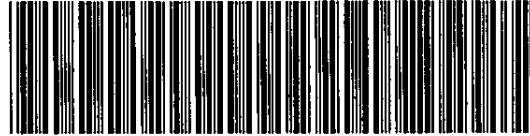
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/20/16--01010--008 **25.00

FILED
16 APR 20 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 21 2016

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

CEILINGS ONLY 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:

EMERY SOBONY

(Name of Person)

CEILINGS ONLY LLC

(Firm/Company)

6894 W. WOODBRIDGE

(Address)

HOMOSASSA, FL 34446

(City/State and Zip Code)

For further information concerning this matter, please call:

MARCIA SOBONY

(Name of Person)

at 406, 691-7212

(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)

CHK # 2101
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

CEILINGS ONLY LLC

2. The Articles of Organization were filed on 12/01/2014 and assigned

document number L14000183856

3. The delayed effective date the dissolution is not effective on the date of filing: FEB 14, 2016
(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).

NEVER STARTED UP THE BUSINESS

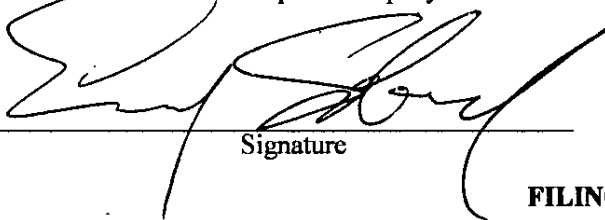
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

EMERY SOBONY

6894 W. WOODBRIDGE DR

HOMOSASSA FL 34446

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

EMERY SOBONY
Printed Name

FILING FEE: \$25.00

FILED
16 APR 20 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA