

L15000006737

(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



900293059859

12/12/16--01009--015 **25.00

FILED

2016 DEC 12 P 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
DEC 13 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Steve's Used Furniture, 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:

Caryn Rosello
(Name of Person)

(Firm/Company)

488 Venetian Villa Dr.
(Address)

New Smyrna Beach, FL 32168
(City/State and Zip Code)

For further information concerning this matter, please call:

Caryn Rosello at (386) 409-4091
(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

2016 DEC 12 12:06
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

Steve's Used Furniture, LLC

2. The Articles of Organization were filed on _____ and assigned

document number L15000006737

3. The delayed effective date the dissolution is not effective on the date of filing: 12/9/16
(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).

Hurricane Matthew destroyed my
building. The roof came off and ceiling
fell. Everything was wet and building
was full of mold and building owner would
not fix correctly to mold specifications.

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

Caryn Rosello
488 Venetian Villa Dr.
New Smyrna Beach
32168

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:

Caryn Rosello
Signature

Caryn Rosello
Printed Name

FILING FEE: \$25.00

FILED
2016 DEC 12 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA