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(Requestor's Name)			
	Address)			
(Address)			
	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
- (Business Entity Name)	· · · · · · · · · · · · · · · · · · ·		
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

Creative Fabricators 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:

Francine P Vogell	
(Name of Person)	
Creative Fabricators LLC	
(Firm/Company)	
563 Walther Rd.	
(Address)	
Newark, DE 19702	

(City/State and Zip Code)

For further information concerning this matter, please call:

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(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 liabili Creative Fabricators LLC	ty company is			<u>_</u> .			
2.	The Articles of Organization	were filed on 03/24/	2015	and assigned				
	document number L1500005	2654						
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 605.0707, Florida Statutes, (that resulted in the li	mited liability company's ck cover letter).	dissolution pursuant to s	ection			
	The company has not been succ	essful in obtaining its g	oals, therefor filing a dissol	ution.				
								
				<u> </u>				
					5 007			
5.	If there are no members, enter activities and affairs:	er the name and addre Francine P Vogell	ess of the person appointe	ed to wind up the compar	y's 6 ₽			
		563 Walther Rd.		TL ORIE	_4 6: 2 _4 6: 2			
		Newark, DE 19702			-			
6. lis	Signature of an authorized p sted above to wind up the com	erson or if there are r pany's activities and	no members, the signature affairs:	of the person appointed	and			
ر	Langere PY	Oall	Francine P Vogell					
Signature		Prin	ted Name					

FILING FEE: \$25.00