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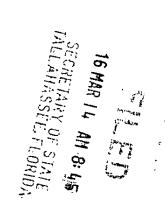
| (Re                                     | equestor's Name)   |             |  |  |
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| _                                       | ☐ WAIT             | MAIL        |  |  |
| (Bu                                     | isiness Entity Nar | me)         |  |  |
| (Document Number)                       |                    |             |  |  |
| Certified Copies                        | _ Certificates     | s of Status |  |  |
| Special Instructions to Filing Officer. |                    |             |  |  |
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Office Use Only



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MAR 15 2016 J SHIVERS **COVER LETTER** 

TO:

Registration Section Division of Corporations

SUBJECT: Michele McCarthy Interiors, LLC

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

| Michele Mc Caethy (Name of Person)                                |    |
|---|----|
| Michele McCarthy Interiors, LLC<br>P.O. Box 771358 (Firm/Company) |    |
| MM & D Box 3948 3rd Sheet South # 3                               | চি |
| MM Jacksonithe Beach, The 32250 (City/State and Zip Code)         |    |
| (City/State and Zify Code)  |    |

For further information concerning this matter, please call:

Michele MeCarthy at (904) 945-0014
(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 liability company is   |         |
|-----------|--|---------|
|           | Michele McCarthy Interiors   |         |
| 2.        | The Articles of Organization were filed on 6 29 15 and assigned  |         |
|           | document number <u>L 15 000112213</u>  |         |
| 3.        | The delayed effective date the dissolution if not effective on the date of filing: 3.2.\(\sum_{\text{(effective date cannot be prior to or more than 90 days later than date document is received for filing)}\)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not blisted as the document's effective date on the Department of State's records. | be      |
| 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).   | l       |
|           | Moved to Colorado  |         |
|           | 16 M<br>ALLA   |         |
|           | HASS I   |         |
|           |  | i para  |
| 5.        | If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:   | 1.,,,,, |
|           | P.O. Box 771358  |         |
|           | Strambout Springs, CO 80477  |         |
| 6.<br>lis | Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:   |         |
|           | Signature Michele Mol caethy   |         |

**FILING FEE: \$25.00**