

L15000120888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

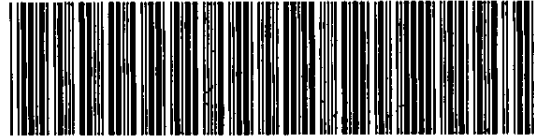
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

2016 APR 13 P 3:16

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APR 14 2016
J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 APR 14 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 29, 2016

KENNETH J. COX
797 PINE BROOK DR. E.
JACKSONVILLE, FL 32220

SUBJECT: SHAMROCK CABINETS, LLC
Ref. Number: L15000120888

We have received your document for SHAMROCK CABINETS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 716A00006371

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHAMROCK CABINETS 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:

KENNETH J. COX
(Name of Person)

SHAMROCK CABINETS LLC
(Firm/Company)

797 PINETREE DR. E.
(Address)

JACKSONVILLE, FL. 32220
(City/State and Zip Code)

For further information concerning this matter, please call:

KENNETH J. COX at (904) 910-4197
(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

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TALLAHASSEE, FL 32301
SECRETARY OF STATE

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

1. The name of a limited liability company is

SHAMROCK CABINETS LLC

2. The Articles of Organization were filed on July 14, 2015 and assigned

document number L15000120888

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).

I AM 78 YEARS YOUNG AND FIGURED ITS TIME TO HANG
UP THE TOOLS. ITS BEEN A GREAT RIDE. THANKS
Ken, Cox

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

KENNETH J. COX

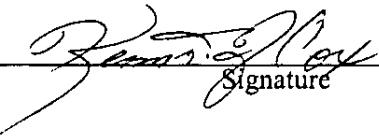
797 PINEBROOK DR. E.

JACKSONVILLE, FL

32220

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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

KENNETH J. COX
Printed Name

FILING FEE: \$25.00