

L15000 194872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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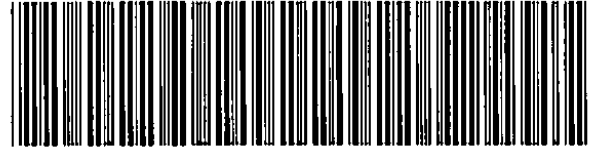
(Business Entity Name)

(Document Number)

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STATE OF CONNECTICUT
19 JUN 19 PM 2:47

Dissolution

JUN 27 2019
D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL ABOUT CONVENIENCE, 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:

MARVIN D. MAXWELL
(Name of Person)

REG AGENT FOR ALL ABOUT CONVENIENCE, LLC.
(Firm/Company)

4020 U.S. 27 N
(Address)

SEBRING, FL 33870
(City/State and Zip Code)

For further information concerning this matter, please call:

MARVIN D. MAXWELL at (863) 314 - 0020
(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

19 JUN 18 PM 2:47
DIVISION OF CORPORATIONS

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

1. The name of a limited liability company is

ALL ABOUT CONVENIENCE, LLC.

2. The Articles of Organization were filed on 11-18-2015 and assigned

document number L 15 000 194 872

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).

605.0701(1) AN EVENT OR CIRCUMSTANCE THAT THE
OPERATING AGREEMENT STATES CAUSES DISSOLUTION
THE LEASE OF THE PREMISES TERMINATED AND
THE BUSINESS WAS DISSOLVED & ASSETS TRANSFERRED TO

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

4020 U.S. 27 N

SEBRING, FL 33870

19 NOV 18 PM 2:14

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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:

Marvin D Maxwell

Signature

MARVIN D. MAXWELL

Printed Name

FILING FEE: \$25.00