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(Re	questor's Name)	
(Ád	dress)	·
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(Ĉi	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF SIAIE.

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Fyra Barn Interiors, LLC (Name of Limited Liability Company)		
(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:		
Mame of Person)		
(Name of Person)		
Fyra Barn Interiors (Firm/Company)		
1140 Audubon Place		
Ovlando FL 32804 (Citý/State and Zip Code)		
(Citý/State and Zip Code)		
For further information concerning this matter, please call:		
Amy Rogers at 407 721-6498 (Area Code & Daytime Telephone Number)		
(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)		
MALLING ADDRESS STREET/COUDIED ADDRESS.		

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
	Fyra Barn Interiors, LLC
	The Articles of Organization were filed on $12-21-15$ and assigned
	document number <u>Business Partner</u> # 4779575 <u>EIN-84-29</u> Certificate # - 58 - 80/10902175-6 The delayed effective date the dissolution if not effective on the date of filing: <u>AGAP</u> (effective date cannot be prior to or more than 90 days later than date document is received for filing)
3.	The delayed effective date the dissolution if not effective on the date of fling: (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).
-	No longer able to run this business.
-	
-	
	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Amy Rogers 1140 Audubon Place
	1140 Audubon Place Orlando, FL 32804
6. list	Signature of an authorized person or if there are no members, the signature of the person appointed and ed above to wind up the company's activities and affairs:
للمر	Amy Rogers Printed Name
	FILING FEE: \$25,00