

L160000038447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

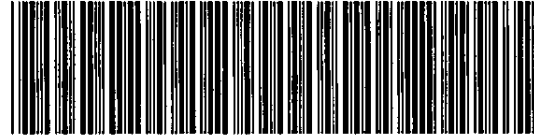
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/27/18--01015--030 **25.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

10 APR 29 PM 04 49

FILED

J. LEGGETT
APR 30 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA Custom Remodeling 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:

BRIAN KALTER
(Name of Person)

FLORIDA Custom Remodeling LLC
(Firm/Company)

11196 TEMPLE AVE
(Address)

SEMINOLE FL. 33772
(City/State and Zip Code)

For further information concerning this matter, please call:

BRIAN KALTER at (727) 434-5246
(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 FLORIDA Custom Remodeling LLC

2. The Articles of Organization were filed on 4-26-18 and assigned document number L160000384

3. The delayed effective date the dissolution if not effective on the date of filing: 4-26-18
(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).

CPL LICENSES NEVER REGISTERED IN PINELLAS COUNTY.

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

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:

Brian Kalter
Signature

Brian KALTER
Printed Name

FILING FEE: \$25.00

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
18 APR 27 PM 3:49

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: FLORIDA CUSTOM REMODELING LLC

Document number of Limited Liability Company is: L260000384

Date of dissolution was: 4-26-18

Description of information that must be included in a written claim:

CPL LICENSE NEVER REGISTERED IN
PINELLAS COUNTY.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

11196 TEMPLE AVE
SEMINOLE FL 33772

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

BRIAN KALTER
Printed Name of the Person Filing

B. KALTER
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00