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(Re	equestor's Name)	<u>.</u>	
(Ad	ldress)		
——————————————————————————————————————	ddress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
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COVER LETTER

TO:

Registration Section
Division of Corporations

Crawford Window Tinting

(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:

Crawford Window Tinting

(Firm/Company)

1763 Concordia Lake Cir Unit 3310

(Address)

Cape Coral FL 33909

(City/State and Zip Code)

For further information concerning this matter, please call:

Eddie Crawford

_.,239 _ 689-07

(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

. The name of a limited liab Crawford Window Tinting	ility company is	
. The Articles of Organizati	on were filed on April 8, 2016	and assigned
document number L16000	069973	
Note: If the date inserted in	the dissolution if not effective on the detective date cannot be prior to or more than 90 days this block does not meet the applicable state tive date on the Department of State's received.	later than date document is received for filing) itutory filing requirements, this date will not be
A description of occurrence 605.0707, Florida Statutes, Moving out of State	the that resulted in the limited liability c (copy 605.0707 on back cover letter).	ompany's dissolution pursuant to section
If there are no members, e	nter the name and address of the person	n appointed to wind up the company's
activities and affairs:	Eddie Crawford 1763 Concordia Lake Cir unit 3310	
	Cape Coral FL 33909	
Signature of an authorized sted above to wind up the co	person or if there are no members, the mpany's activities and affairs:	signature of the person appointed and
Signature Signature	Eddie Crawf	
Congnature	FILING FEE: \$25.00	Printed Name HASSEE, FLORID