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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## **COVER LETTER**

Division of Corporations

SUBJECT: CLOTHS PLW VOTE 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:

PAUL JOHWS OW
(Name of Person)

CLOTHS PLW VOTE

(Firm/Company)

10872 GREEW TRAIL DRS

(Address)

BOYWTOW BEACH FL 33436 3378

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person)

at (SOR) \$2318001

(Area Code & Daytime Telephone Number)

**MAILING ADDRESS:** 

\$25.00 Filing Fee and Certificate of Dissolution

Enclosed is a check for the following amount:

TO:

Registration Section

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

5000 Filing (e. Certificate of Dissolution & Certified Copy (additional copy is enclosed)

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liabilit	
<u> CLOMS FI</u>	W VOTE LC
2. The Articles of Organization	were filed on MAY 16 2016 and assigned
document number <u>L16</u>	000095432
<b>Note:</b> If the date inserted in thi	e dissolution if not effective on the date of filing: 9-30-20 \( \sigma \) late cannot be prior to or more than 90 days later than date document is received for filing) is block does not meet the applicable statutory filing requirements, this date will not be we date on the Department of State's records.
605.0707, Florida Statutes, (c	hat resulted in the limited liability company's dissolution pursuant to section opy 605.0707 on back cover letter).
NO STILE	NOV HA
	MOV -3 PM 3: 52
5. If there are no members, ente activities and affairs:	r the name and address of the person appointed to wind up the company's PAUL JOHWSOW
	10872 GREEW TRAIL DRS
	BOYWTON BEACH FL 33436
6. Signature of an authorized pe listed above to wind up the comp	erson or if there are no members, the signature of the person appointed and pany's activities and affairs:
Cale	- Pau Johnson
Signature	Printed Name
$\smile$	FILING FEE: \$25.00