

LI6000140565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

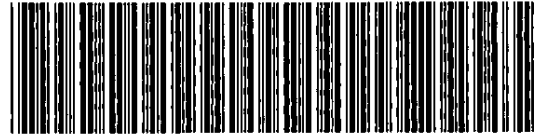
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/28/17--01019--011 **25.00

FILED
2017 MAY 17 AM 8:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 18 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMAZING INTERIOR MAKEOVERS 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:

JOSEPH HILTON
(Name of Person)
AMAZING INTERIOR MAKEOVERS
(Firm/Company)
8931 NORTH NEW RIVER CANAL RD
(Address)
PLANTATION, FLORIDA 33324
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH HILTON at (954) 270-1617
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 3, 2017

JOSEPH HILTON
8931 N NEW RIVER CANAL RD 4E
PLANTATION, FL 33324

SUBJECT: AMAZING INTERIOR MAKEOVERS, LLC
Ref. Number: L16000140565

We have received your document for AMAZING INTERIOR MAKEOVERS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A Statement of Termination may be filed after the limited liability company has completed winding up and after a voluntary dissolution has been filed with this office. See section 605.0709(7), Florida Statutes for reference.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 617A00008652

RECEIVED
2017 MAY 17 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2017 MAY 17 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

AMAZING INTERIOR MAKEOVERS LLC

2. The Articles of Organization were filed on JULY 26, 2016 and assigned

document number L16000140565

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).

AN unexpected illness caused the business
to never get started or opened.

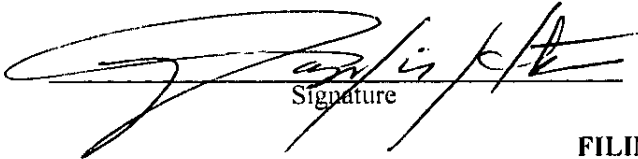
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Joseph Hilton

8931 North New River Canal Rd 4E

PLANTATION, Florida 33324

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:


Signature

JOSEPH HILTON
Printed Name

FILING FEE: \$25.00

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA