L16000149893

| (Re | questor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ry/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nai | me) |
| (Do | ocument Number) | , |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE

K. SALY JAN 13 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 13, 2016

TILE WORKS SI! LLC DIONY ALMONTE SANCHEZ 4537 CORAL PALM LN, APT. 3 NAPLES, FL 34116

SUBJECT: TILE WORKS SI! LLC Ref. Number: L16000149893

We have received your document for TILE WORKS SI! LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

The Notice of Dissolution must contain a description of information that should be included in a written claim.

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.

Karen A Saly Regulatory Specialist II

Letter Number: 516A00026432

COVER LETTER

TO:

Registration Section Division of Corporations

SURJECT

TILE WORKS SI!, 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:

DIONY ALMONTE SANCHEZ

(Name of Person)

TILE WORKS SI!, LLC

(Firm/Company)

4537 CORAL PALM LANE APT # 3

(Address)

NAPLES, FL 34116

(City/State and Zip Code)

For further information concerning this matter, please call:

DIONY ALMONTE SANCHEZ

ູ239 ຸ7

777-7587

(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

2017 JAN 12 PM 3: OF TALLAHASSEE, FLORIDA

| 1. | The name of a limited liability company is TILE WORKS SI!, LLC |
|-----------|---|
| 2. | The Articles of Organization were filed on and assigned and assigned |
| | document number L16000149893 |
| 3. | The delayed effective date the dissolution if not effective on the date of filing: 12/07/2016 (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). |
| | Desición was made to close the company as |
| | a job commet was cancelled and there was no |
| | point of keeping burness that was created for |
| | that. |
| 5. | If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: |
| | |
| | |
| | |
| 6. lis | Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs: |
| | Die son Omorse Sundey DIONIY ALMONTE SANCHEZ |
| | Signature Printed Name |

FILING FEE: \$25.00