

L16000157552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

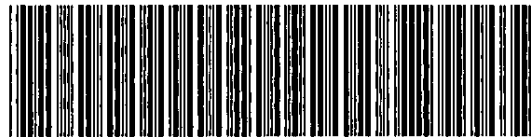
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300296252063

03/13/17--01012--008 **25.00

FILED

2017 MAR 13 A 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
MAR 14 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: APPAREL LINKS 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:

JONATHAN J. KWAK

(Name of Person)

APPAREL LINKS LLC

(Firm/Company)

731 SANTEE TERRE LN

(Address)

WINTER GARDEN, FL 34787

(City/State and Zip Code)

For further information concerning this matter, please call:

JONATHAN J. KWAK

(Name of Person)

at (407) 905-8136

(Area Code & Daytime Telephone Number)

2017 MAR 13 A 8:21
SECRETARY OF STATE
TALLAHASSEE, FL 32301

FILED

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

APPAREL LINKS LLC

2. The Articles of Organization were filed on 8/23/2016 and assigned

document number L16000157552

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)

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).

Company and its products were a total loss.

We are closing business immediately.

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

FILED
2017 MAR 13 A 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

JONATHAN J. KWAK
Printed Name

FILING FEE: \$25.00