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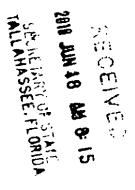
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## **COVER LETTER**

Division of Corporations
SUBJECT: MAILER BATH Tub and Counter Top LLC (Name of Limited Liability Company)
(Name of Emilied Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MAILER M GARCIA (Name of Person)
MAILER BATH Tub And Counter Top LLC (Firm/Company)
3911 W. SL, gH AVE (Address)
Tampa FL 33614 (City/State and Zip Code)
For further information concerning this matter, please call:
Mailer M. Garcia at (786) 444-0833 (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: STREET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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	
MAILER BATH Tub and Counter Top LLC	·
2. The Articles of Organization were filed on $9 - 13 - 3016$ and assigned	
document number L 16 000 170 489	
3. The delayed effective date the dissolution if not effective on the date of filing: 6-11-6 (effective date cannot be prior to or more than 90 days later than date document is received Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this clisted as the document's effective date on the Department of State's records.	2018 For filing) date will not be
<ol> <li>A description of occurrence that resulted in the limited liability company's dissolution pursua 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).</li> </ol>	nt to section
WILL NOT BE WORKING IN THIS BUSINESS	<b>,</b> ————
	.2818 
5. If there are no members, enter the name and address of the person appointed to wind up the co	orthograpy's
activities and affairs: MAILER M. GARCIA	(K) (C) (C)
3911 N. SLIGH AVE	Q Q
TAMPA FL 33614	- <del> </del>
6. Signature of an authorized person or if there are no members, the signature of the person appolisted above to wind up the company's activities and affairs:	ointed and
	1
Maily MAILER MG Printed Name	ARCIA

FILING FEE: \$25.00