

46000227706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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01/02/20--01010--014 **25.00

R. WHITE
JAN 30 2020

2020 JAN -2 AM 10:37

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPITAL FLOORING, 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:

GARY ISRAEL, ESQ.

(Name of Person)

ATTORNEY AT LAW

(Firm/Company)

121 S. ORANGE AVENUE, SUITE 1500

(Address)

ORLANDO, FLORIDA 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

GARY ISRAEL, ESQ.

(Name of Person)

407

210-3834

at (

_____) _____
(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
CAPITAL FLOORING, LLC

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2. The Articles of Organization were filed on DECEMBER 16, 2016 and assigned
document number L16000227706

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).

AFFIRMATIVE VOTE OF MEMBERS

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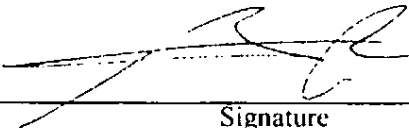
AFFIRMATIVE VOTE OF MEMBERS

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

1038 ARLINGTON STREET

ORLANDO, FL. 32805

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

SCOTT R. VACHON

Printed Name

FILING FEE: \$25.00