11700044675

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
/Ru	siness Entity Nar	me)		
(80	Siliess Littly 14ai	ne <i>)</i>		
(5)				
(D0	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
		,		

Office Use Only



700309456647

02/26/18--01042--009 **25.00

FILED

18 FEB 26 AM 8: 52

SECRETARY OF STATE
FALL ALLASSEF EL ORIDA

K. SALY FEB 2 7 2018

COVER LETTER

TO: Registration Section
Division of Corporations

AMERICAN MADE CABINET OUTLET, 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:

GEORGEANNE KEER				
(Name of Person)				
(Firm/Company)				
6260 PALM VISTA STREET				
(Address)				
PORT ORANGE FL 32128				

(City/State and Zip Code)

For further information concerning this matter, please call:

GEORGEANNE KERR

_,386

760-9100

(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

10 -	FILED
rei	R 20
ALLAHAS	ARY OF STATE SEE, FLORIDA

1.	The name of a limited liability comp	•	TALLAHASSEE, FLORI		
2.	The Articles of Organization were fi	iled on <u>02-24-2017</u>	and assigned		
	document number L17000044675				
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 do		: 12-31-2017		
	(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 no 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 505.0707, Florida Statutes, (copy 605.0707 on back cover letter).				
	BUSINESS FAILED CLOSED OPERATION ON 12-22-17				
		•			
5.	If there are no members, enter the na activities and affairs:	ame and address of the person appointed t	o wind up the company's		
	·				
6. lis	Signature of an authorized person or sted above to wind up the company's	r if there are no members, the signature of activities and affairs:	the person appointed and		
X	Lenglance Kerr	GEORGEANNE KERR			
- 1	Signature	Printed	Name		

FILING FEE: \$25.00