

L17000199741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

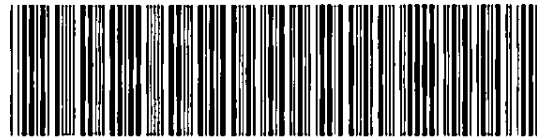
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/18/17--01010--003 \*\*25.00

2017 OCT 18 11:11:19

FILED

17 OCT 18 AM 11:28  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

S WARREN

OCT 18 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A & E Carpentry 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:

Ericka Salazar  
(Name of Person)

A & E Carpentry LLC  
(Firm/Company)

9442 Courtney Lane  
(Address)

Tallahassee FL 32305  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ericka Salazar at ( 850 ) 374-0888  
(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

1. The name of a limited liability company is

A & E Carpentry LLC

2. The Articles of Organization were filed on 10-17-17 and assigned

document number L17000199741

3. The delayed effective date the dissolution is 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).

Did not work out

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. 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:

Ericka Salazar  
Signature

Ericka Salazar  
Printed Name

FILING FEE: \$25.00

FILED  
17 OCT 18 AM 11:28  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA