

217000265262

(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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02/14/18--01011--008 **25.00

FILED

18 MAR - 8 PM 4: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

MAR - 9 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL FAMILY 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:

FAKHER GUIRGUIS

(Name of Person)

ALL FAMILY LLC

(Firm/Company)

4301 S. THATCHER AVENUE

(Address)

TAMPA, FL 33611

(City/State and Zip Code)

For further information concerning this matter, please call:

FAKHER GUIRGUIS

(Name of Person)

at (561) 654-4760

(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**

FILED
18 MAR -8 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

ALL FAMILY LLC

2. The Articles of Organization were filed on 10/04/2017 and assigned

document number L17000205262

3. The delayed effective date the dissolution if not effective on the date of filing: 02/01/2018
(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).

CEASE ACTIVITIES & STOP CONDUCTING BUSINESS.

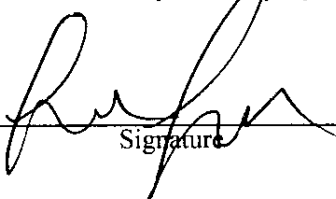
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

FAKHER GUIRGUIS

4301 S. THATCHER AVENUE

TAMPA, FL 33611

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

FAKHER GUIRGUIS

Printed Name

FILING FEE: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2018

FAKHER F GUIRGUIS
4310 S THATCHER AVE.
TAMPA, FL 33611

SUBJECT: ALL FAMILY LLC
Ref. Number: L17000205262

We have received your document for ALL FAMILY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

The Notice of Dissolution must contain a description of information that should be included in a written claim.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 018A00003382

RECEIVED

2018 MAR -8 AM 11:07

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314