L18000007376

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OCT 23 2000 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	·	
SUBJECT: Handi Rriwli Ar Tile. H. (Name of Limited		
The enclosed Articles of Dissolution and fee(s) are submitted Please return all correspondence concerning this matter to the	-	
(Name	of Person)	
Hind: Rrencl; Pro Tile LLC (Firm/Company)		
557 Shericken Ave (Address)		
Schellike Beach, 1-1 3,2937 (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Person)	at (772) 538 5390 (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	
<u>Hudi Brai</u>	di Pro Tile LLC.
2. The Articles of Organization were filed on	and assigned
document number <u>L19000007376</u>	
3. The delayed effective date the dissolution if not effective on (effective date cannot be prior to or more than 90 Note: If the date inserted in this block does not meet the applicablisted as the document's effective date on the Department of State	days later than date document is received for filing) ble statutory filing requirements, this date will not be
4. A description of occurrence that resulted in the limited liabil: 605.0707, Florida Statutes, (copy 605.0707 on back cover let	ity company's dissolution pursuant to section ter).
Brusshess Euneral Pretners cre	Sepercitua. February
Onch friendship is no more.	2020
and theretiship is no mue.	I much like non
THE TO THE COTHER DEASON	
5. If there are no members, enter the name and address of the practivities and affairs:	erson appointed to wind up the company's
, , , , , , , , , , , , , , , , , , , 	
	
6. Signature of an authorized person or if there are no members above to wind up the company's activities and affairs:	, the signature of the person appointed and listed
Gierrania Killermin () Signature	Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Hard: Brevel; Dr. 1710 1-16
Document number of Limited Liability Company is: <u>L13005007276</u>
Date of dissolution was: 8-30-2000
Description of information that must be included in a written claim:
Port of the overson to dissolve ILC is there to pertinent 1812, 300,95 From husness across the
then left mount.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
557 Yeiden Ave Stelen: Le Barch Fl 32937
A claim against the above named limited liability company will be barred unless a proceeding to enforce th

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

claim is commenced within 4 years after the filing of this notice.