

LI8000034482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

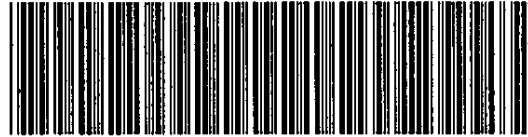
Certified Copies _____

Certificates of Status _____

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FILED

18 APR -9 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K SALY
APR 12 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOLD STORY 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 A. ROSE
(Name of Person)

MOLD STORY LLC
(Firm/Company)

2462 RAVELLA LN
(Address)

PALM BEACH GARDENS, FL 33410
(City/State and Zip Code)

For further information concerning this matter, please call:

GARY A. ROSE at (561) 602-4368
(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

FILED
18 APR -9 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

MOLD STORY LLC

2. The Articles of Organization were filed on 02/07/2018 and assigned

document number L18000034482

3. The delayed effective date the dissolution if not effective on the date of filing: 5/31/2018
(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).

CHANGE IN BUSINESS PLAN.

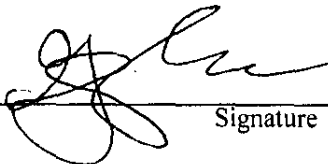
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

GARY A. ROSE

2642 RAUELLA LN

PALM BEACH GARDENS FL, 33410

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

GARY A. ROSE

Printed Name

FILING FEE: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 21, 2018

MOLD STORY LLC
GARY A ROSE
2642 RAVELLA LANE
PALM BEACH GARDENS, FL 33410

SUBJECT: MOLD STORY LLC
Ref. Number: L18000034482

We have received your document for MOLD STORY 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 Statement of Termination may be filed after the limited liability company has completed winding up and after a voluntary dissolution has been filed with this office. See section 605.0709(7), Florida Statutes for reference.

We are enclosing the proper form(s) with instructions for your convenience.

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: 418A00005714

RECEIVED

2018 APR -9 AM 11:25

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA