

118000168 489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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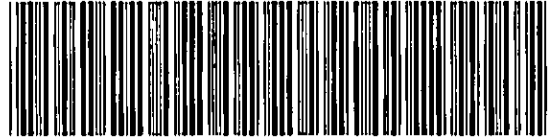
(Business Entity Name)

(Document Number)

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2019 JAN 24 PM 4:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

JAN 29 2019
C. MCNAIR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **CARELLA'S FLOORING, LLC**
(Name of Limited Liability Company)

2019 JAN 24 PM 4:32
TALLAHASSEE, FLORIDA
CORPORATION DIVISION

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NOE MALCA

(Name of Person)

(Firm/Company)

1734 EL DORADO BLVD N

(Address)

CAPE CORAL FL 33993

(City/State and Zip Code)

For further information concerning this matter, please call:

NOE MALCA

(Name of Person)

at (**239**) **810-8998**

(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**

2018 JAN 24 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
CARELLA'S FLOORING, LLC

2. The Articles of Organization were filed on 07/12/2018 and assigned
document number 118000168489

3. The delayed effective date the dissolution if not effective on the date of filing: 12/01/2018
(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).
OWNER / MANAGER VOLUNTARILY TOOK A DECISION TO DISSOLUTION.

Not be able to afford to continue operating the business at a loss.

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

5004 BEECHER ST. LEHIGH ACRES, FL 33971

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

ALEGRIA, MARIELLA G

Printed Name

FILING FEE: \$25.00