L18000285410

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| | | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



300354384463

11/02/20--01013--006 **25.00

S TA 1.7 DEC 10 1713 5-50-11-12 RM 9: 30

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

| Division of Corporations | • | |
|--|---|--|
| SUBJECT: STGNATURE (Name of Limited L | UOOD WORKS | |
| (Name of Limited L | Diability Company) | |
| The enclosed Articles of Dissolution and fee(s) are submitted | for filing. | |
| Please return all correspondence concerning this matter to the | following: | |
| KANDY & F (Name of | EUSWER (Person) | |
| STOUATURE WOODWORKS (Firm/Company) | | |
| 59 11 th st | lress) | |
| SHALTMAR FL. (City/State as | 32575 nd Zip Code) | |
| For further information concerning this matter, please call: | | |
| (Name of Person) | at (92) 308 - 1403 (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 | Street Address: Registration Section | |
| Division of Corporations | Division of Corporations | |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The name of a limited liability company is |
|--|
| SIGNATURE WOOD WORKS, LLC. |
| 2. The Articles of Organization were filed on $\frac{12/12/2018}{}$ and assigned |
| document number <u>118000 285410</u> |
| 3. The delayed effective date the dissolution if not effective on the date of filing: \(\sum \frac{1}{2} \omega / \sum \frac{1}{2} \omega / \sum \frac{2}{2} \omega / \sum \f |
| 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). |
| HAUE COMEN OUT OF CONST. BUISNESS |
| WITSHTWG TO START NEW BUILSNESS IN |
| THE PROCESS |
| , |
| |
| 5. If there are no members, enter the name and address of the person appointed to wind up the company is |
| activities and affairs: KANDY FEUSNER |
| <u>59 11 44 St</u> |
| SHALTMAR FL 32579 3 |
| |
| 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: |
| tondy Lewin TANDY FEUSNER |
| / Signature Printed Name |
| |