

L19000187452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

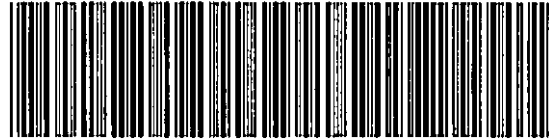
(Business Entity Name)

(Document Number)

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2022 AUG 30 PM 12:56

2022 AUG 30 PM 12:56

Dissolution

SEP 20 2022

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clintons Restoration LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Clinton Robertson

Name of Person

Clintons Restoration

Firm/Company

Address

4212 Inverrary Blvd Apt 87B

City/State and Zip Code

Lauderhill FL 33319

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clinton Robertson

at (754-246-476)

Name of Person

Area Code Daytime Telephone Number

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

Clintons Restoration

2. The Articles of Organization were filed on 08-27-2019 and assigned

document number 84-2846861

3. The delayed effective date the dissolution if not effective on the date of filing: 05-31-2022

(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).

Had to close the doors not enough work coming due to Covid 19

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

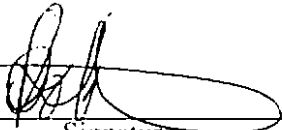
Clinton Robertson

2220 NW 59th Ave

Apt 37

Lauderhill Fl 33313

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

Clinton Robertson

Printed Name

FILING FEE: \$25.00