

L20000128892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

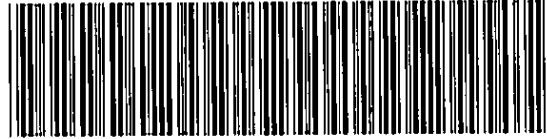
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



700431178227

FILED

2024 JUN 24 AM 9:57

TALLAHASSEE, FLORIDA

RECEIVED

2024 JUN 25 AM 3:40

TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : DIS-22454

AUTHORIZATION

COST LIMIT : \$25.00

ORDER DATE : 06/24/2024

ORDER TIME :

ORDER NO. :

CUSTOMER NO:

DOMESTIC FILINGS

NAME: Commercial Door & Frame Distributors LLC

☒ ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING  
Commercial Door & Frame Distributors LLC

CONTACT PERSON:

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

**FILED**

**2024 JUN 24 AM 9: 57**

**TALLAHASSEE, FLORIDA**  
and assigned

1. The name of a limited liability company is  
Commercial Door & Frame Distributors LLC

2. The Articles of Organization were filed on May 12, 2020

document number L20000128892

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(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).

The sole Member has determined that it is in the best interests of the company to dissolve.

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

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:

/s/ Lester W. Foreman, Jr.

Signature

Lester W. Foreman, Jr., Authorized Person

Printed Name

**FILING FEE: \$25.00**