

L 97000001149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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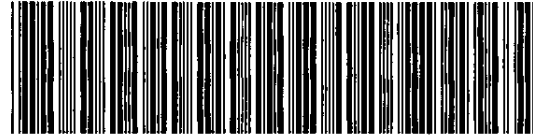
(Business Entity Name)

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TO: Registration Section
Division of Corporations

SUBJECT: CAPOBIANCO ENTERPRISES LC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing. 25 ~~xx~~

Please return all correspondence concerning this matter to the following:

PAUL A. ROSEMARY E. CAPOBIANCO
(Name of Person)

CAPOBIANCO ENTERPRISES LC
(Firm/Company)

709 RIDGE BURY ROAD
(Address)

SLATE HILL NEW YORK 10973
(City/State and Zip Code)

For further information concerning this matter, please call:

PAUL A. CAPOBIANCO CEL 941 - 400-2417
(Name of Person) at (845) 255-1293
(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

FILING FEE: \$25.00