

# L91000001443

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

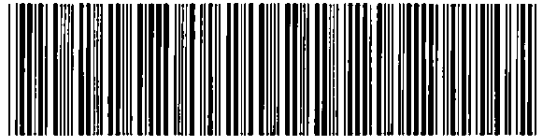
\_\_\_\_\_  
(Document Number)

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2024 JUN 26 AM 11:56  
TALLAHASSEE, FLORIDA

CAVITCH  
FAMILLO & DURKIN

Milica Prica  
Attorney at Law  
[mprica@cavitch.com](mailto:mprica@cavitch.com)

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Cleveland, Ohio 44114

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June 13, 2024

VIA CERTIFIED MAIL NO. 9414 7266 9904 2977 9433 23

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Dissolution of The Chrostowski Family Limited Company

Dear Sir/Madame:

Enclosed you will find the following documents:

1. The Articles of Dissolution for The Chrostowski Family Limited Company;
2. A check in the amount of \$25.00 for the filing fee.

Please file accordingly. If this filing is in any way deficient, or if you have any questions, please contact me via email at [mprica@cavitch.com](mailto:mprica@cavitch.com), or via telephone at (216) 472-4614. Thank you.

Very truly yours,



Milica Prica  
Attorney at Law

MP  
Enclosures

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Chrostowski Family Limited Company

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Milica Prica, Esq.

(Name of Person)

Cavitch, Familo & Durkin, Co. LPA

(Firm/Company)

1300 E. 9th. St., 20th Floor

(Address)

Cleveland, OH 44114

(City/State and Zip Code)

For further information concerning this matter, please call:

Milica Prica

(Name of Person)

216

621-7860

at ( )

(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 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

FILED

2024 JUN 26 AM 11:56

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
The Chrostowski Family Limited Company

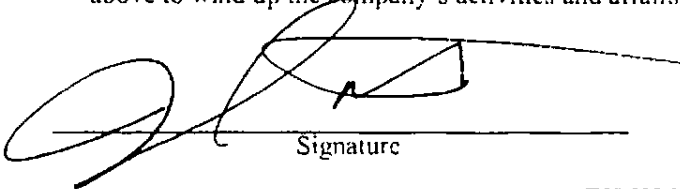
2. The Articles of Organization were filed on 12/29/1997 and assigned  
document number L97000001443

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).  
605.0701(2) - Consent of all members

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:

  
Signature

Joel Chrostowski, Managing Member  
Printed Name

FILING FEE: \$25.00