

L14000181356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

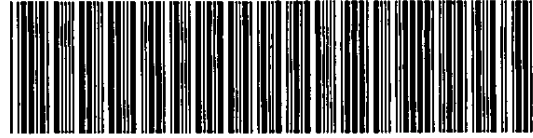
(Business Entity Name)

(Document Number)

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

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04/21/16--01018--001 \*\*25.00

FILED  
16 APR 21 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 25 2016  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** New Journey Marketing LLC  
(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:

Cathleen Larson  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

3528 65<sup>th</sup> Ave Circle E  
(Address)

Sarasota, Florida  
(City/State and Zip Code)

For further information concerning this matter, please call:

Markoe Cathleen Larson at ( 941 ) 894-2970  
(Name of Person) (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

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

New Journey Marketing LLC

2. The Articles of Organization were filed on November 24, 2014 and assigned

document number L14000181356

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).

Business failed due to many factors, but mainly  
due to personal + health problems.

Bank accounts have been closed. There have been no business  
transactions in 2016

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

Cathleen Larson

3528 65th Ave Circle E

Jarvisok, FL 34243

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

Cathleen Larson  
Printed Name

Mark Larson

FILING FEE: \$25.00



16 APR 21 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED