## 22000406507

(Re	questor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

Registration Section

TO:

Divis	tion of Corporations				
	Black Sheep Boutique and more				
	/BJECT:(Name of Limited Liability Company)				
he enclosed	Articles of Dissolution and fee(s) are submit	ated for filing.			
lease return :	all correspondence concerning this matter to	the following:			
	Amanda Williams				
	(Nai	me of Person)			
	Black Sheep Boutique and more				
	(FirmeCompany)				
	408 1st st.				
	(Address)				
	Polk City Fl 33868				
	(City/Si	ate and Zip Code)			
or further in	formation concerning this matter, please call	l:			
Amanda Williams		863 608-1660			
<del>,-,-</del>	(Name of Person)	at ()(Area Code & Daytime Telephone Number)			
inclosed is a el	heck for the following amount:				
■ \$25.00 Filing Fee and Certificate of Dissolution					
	ling Address:	Street Address:			
Registration Section Division of Corporations P.O. Box 6327		Registration Section			
		Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314		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		
	Black Sheep Boutique and More		
2.	The Articles of Organization	were filed on 09/19/202	and assigned
	document number L22000406	507	_
3.	The delayed effective date the dissolution if not effective on the date of filing: 02/14/2024  (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 t 605,0707, Florida Statutes, (c	hat resulted in the limit opy 605.0707 on back o	ed liability company's dissolution pursuant to section cover letter).
	never opened my store due to health reasons.		
5.	If there are no members, enter activities and affairs:	er the name and address Amanda Williams	of the person appointed to wind up the company's
			<del></del>
			<u> </u>
6. ab	Signature of an authorized pove to wind up the company	erson or if there are no is activities and affairs:	members, the signature of the person appointed and liste
/ L	meda Wie		Amanda Williams
Signature			Printed Name

FILING FEE: \$25.00