

200 0000 12789

(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



600381453426

01/14/2011 11:11:11

2022 FEB 14 AM 11:01  
FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE STATUS SYMBOL,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:

PATRICIA G. MILLER

\_\_\_\_\_  
(Name of Person)

THE STATUS SYMBOL,LLC.

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

111 OAK BEND COURT

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

FAIRHOPE, ALABAMA 36532

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICIA G. MILLER

850

572-2112

at ( )

\_\_\_\_\_  
(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 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**

1. The name of a limited liability company is  
THE STATUS SYMBOL L.L.C.
2. The Articles of Organization were filed on 2/10/2022 and assigned  
document number L00000012789
3. The delayed effective date the dissolution if not effective on the date of filing: 3/1/2022  
(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).  
CONSIGNMENT AREA OWNER NOTIFIED US THAT SHE PLANNED TO DISOLVE HER BUSINESS.  
CONSIGNMENT AREA OWNER NOTIFIED US THAT SHE PLANNED TO DISOLVE HER BUSINESS.  
CONSIGNMENT AREA OWNER NOTIFIED US THAT SHE PLANNED TO DISOLVE HER BUSINESS.
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: PATRICIA G. MILLER  
111 OAK BEND COURT  
FAIRHOPE, ALABAMA 36532-6314
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:

Patricia G. Miller  
Signature

PATRICIA G. Miller  
Printed Name

**FILING FEE: \$25.00**

2022 FEB 14 PM 1:01