

L02000000241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 APR -7 PM12:53

FILED

K. SALY

APR 10 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Institute for Oral Art & Design 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:

Joanne Culp

(Name of Person)

Institute for Oral Art & Design LLC

(Firm/Company)

12710 Rockrose Glen

(Address)

Lakewood Ranch, FL 34202

(City/State and Zip Code)

For further information concerning this matter, please call:

JOANNE CULP

(Name of Person)

at (

941)

812-2111

(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**

**FILED**  
**2017 APR -7 PM 12:53**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

1. The name of a limited liability company is  
Institute for Oral Art & Design LLC

2. The Articles of Organization were filed on January 3, 2002 and assigned  
document number L02000000241

3. The delayed effective date the dissolution if not effective on the date of filing: Dec. 30, 2016  
(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).  
Consent of all members (1)

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

Joanne Culp

12710 Rockrose Glen

Lakewood Ranch, FL 34202

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:

Joanne Culp  
Signature

JOANNE CULP  
Printed Name

**FILING FEE: \$25.00**