

L020000000241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

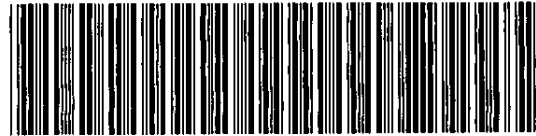
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
CLARK ASSOCIATES, FLORIDA

2017 APR 10 P 1:55

FILED

S Warren

APR 11 2017

INSTITUTE FOR ORAL ART & DESIGN LLC

April 4, 2017

Florida Department of State
Division of Corporations
Corporate Records
PO Box 6327
Tallahassee, FL 32314

RE: Institute for Oral Art & Design LLC (ref# L02000000241)

Concerning your letter dated Feb 13, 2017 (copy included) and request for more information on the Institute for Oral Art & Design LLC, please find enclosed the completed form for "Articles of Dissolution for a Limited Liability Company", along with check #1439 \$25.00 for the filing fee.

I have previously submitted the Termination Statement, along with check#1438 (\$30.00). If you need any additional information or fees concerning dissolving and terminating this company, please do not hesitate to contact me.

Thanking you in advance for all your help in this situation.

Sincerely,



Joanne Culp
12710 Rockrose Glen
Lakewood Ranch, FL 34202
Tel: (941) 812-2111
Email: cosmic@aol.com



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2017

JOANNE CULP
3241 81ST COURT EAST
BRADENTON, FL 34211

SUBJECT: INSTITUTE FOR ORAL ART & DESIGN, LLC
Ref. Number: L02000000241

We have received your document for INSTITUTE FOR ORAL ART & DESIGN, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A Statement of Termination may be filed after the limited liability company has completed winding up and after a voluntary dissolution has been filed with this office. See section 605.0709(7), Florida Statutes for reference.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 617A00002789

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Institute for Oral Art & Design LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joanne Culp

Name of Person

IOAD

Firm/Company

3241 81st Court East

Address

Bradenton, FL 34211

City/State and Zip Code

jcmosaic@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joanne Culp at 941 ~~747-0705~~ ~~OR~~ 941-812-2111
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

CR2E141(2/14)

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

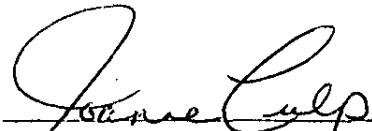
FIRST: The name of the limited liability company is: Institute for Oral Art & Design LLC

SECOND: The Florida Document number of the limited liability company is: L02000000241

THIRD: The date of filing of the initial articles of organization is: January 3, 2002

FOURTH: The date of filing of the dissolution is: December 30, 2016

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.



Signature of Authorized Representative

Joanne Culp

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

CR2E141 (2/14)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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