

LOS 000037774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

LOS-37774

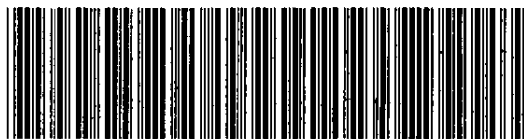
(Document Number)

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08 AUG 29 AM 10:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. G. G. AUG 29 2008

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Mitchell + Associates, 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:

Corinne Mitchell  
(Name of Person)

(Firm/Company)

15180 Old Hickory Blvd, Apt 914  
(Address)

Nashville, TN 37211  
(City/State and Zip Code)

For further information concerning this matter, please call:

Corinne Mitchell at ( 813 ) 504-3778  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$25.00 Filing Fee



\$30.00 Filing Fee &  
Certificate of Status



\$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)



\$60.00 Filing Fee,  
Certificate of Status &  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 18, 2008

CORINNE MITCHELL  
15180 OLD HICKORY BLVD.  
APT. 914  
NASHVILLE, TN 37211

SUBJECT: MITCHELL & ASSOCIATES, LLC  
Ref. Number: L05000037774

We have received your document for MITCHELL & ASSOCIATES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the effective date of the limited liability company's dissolution.

That date has to be before 08/18/08.

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) 245-6067.

Neysa Culligan  
Document Specialist

Letter Number: 308A00046373

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

08 AUG 29 AM 10:01

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. The name of a limited liability company is

Mitchell & Associates, LLC

2. The Articles of Organization were filed on 4/18/05 and assigned document number

L050000 37774

3. The date the dissolution was approved: 8/11/08

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

Written Consent of All members of limited liability Company.  
(1) member Corinne Mitchell.  
Out of State move, desire to ~~dissolve~~ dissolve.

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.  
-OR-  
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Corinne Mitchell

Printed Name

Corinne Mitchell