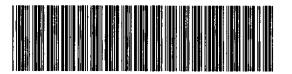
L050000 40567

| (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 | | | | | |
| Special Instructions to Filing Officer: | | | | | |

Office Use Only



700270249117

700270249117 03/30/15--01013--014 **25.00



COVER LETTER

| TO: | | istration Section ision of Corporations | | | |
|---|-------------------------------------|---|---|--|--|
| SUBJE | CT: | Keepsakebaubles LLC | | | |
| 2022 | (Name of Limited Liability Company) | | | | |
| The end | closed | Articles of Dissolution and fee(s) are submitte | ed for filing. | | |
| Please 1 | return | all correspondence concerning this matter to t | he following: | | |
| | | Barbara J Johnson | | | |
| (Name of Person) | | | | | |
| (Firm/Company) | | | | | |
| | 1102 NW 40th Place | | | | |
| (Address) | | | | | |
| | Cape Coral, Florida 33993 | | | | |
| (City/State and Zip Code) | | | | | |
| For furt | her in | formation concerning this matter, please call: | | | |
| Barbara J Johnson | | | 561- 252-6485 | | |
| | | (Name of Person) | (Area Code & Daytime Telephone Number) | | |
| Enclosed | d is a c | 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

| 1. | The name of a limited liabil Keepsakebaubles LLC | ity company is | | | |
|-----------|---|--|-------------------------------------|--|--|
| 2. | The Articles of Organization | were filed on April 26,2005 | and assigned | | |
| | document number L05000 | 040967 | | | |
| 3. | The delayed effective date the deflective | effective date the dissolution if not effective on the date of filing: | | | |
| 4. | A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 05.0707, Florida Statutes, (copy 605.0707 on back cover letter). | | | | |
| | No business. Unable to | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 5. | If there are no members, ent | er the name and address of the person a | appointed to wind up the company's | | |
| • | activities and affairs: | Barbara J Johnson | 2 | | |
| | | | 5 H | | |
| | | | <u>න්ධ කි</u> මි ඉදුදු ය | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 6. lis | Signature of an authorized pated above to wind up the con | person or if there are no members, the sinpany's activities and affairs: | gnature of the person appointed and | | |
| | γ . ρ | • 1 | | | |
| / | aubaca Il | Barbara J | Johnson | | |
| | Signature | | Printed Name | | |

FILING FEE: \$25.00