

LB70000013602

(Requestor's Name)

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(Business Entity Name)

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CLERK OF STATE
TALLAHASSEE FLORIDA

FEB 04 2014

CLERK OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHAUNA SHELBY 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:

SHAUNA SHELBY
(Name of Person)

(Firm/Company)

P.O. Box 712238
(Address)

SALT LAKE CITY, UT 84171
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

SHAUNA SHELBY at (407) 738-2285
(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/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 liability company is

SHAUNA SHELBY LLC

2. The Articles of Organization were filed on 2/5/07 and assigned
document number L07000013602

3. The delayed 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 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

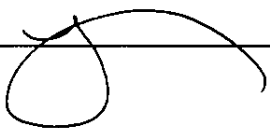
MOVED OUT OF STATE. NO LONGER DOING BUSINESS
IN FLORIDA.

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

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:

Signature

Printed Name

 , MCMR

SHAUNA SHELBY

FILING FEE: \$25.00

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