# L08000073243

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Document Number)		
Certified Copies Certificates of Status		s of Status
Special Instructions to Filing Officer:		
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015 FEB || PH 4: 0| SECRETARY OF STATE ALLAHASSEE, FLORIO

LEB 1 2 MARRIS

#### **COVER LETTER**

Division of Corporations
SUBJECT: Desilado out com 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:
Mile Gilles n. e (Name of Person)
(Name of Person)
(Firm/Company)
448 W. Silverthons LN (Address)
Ponte vidra FL 32081
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (904) 874-8625 (Area Code & Daytime Telephone Number)
(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:

TO:

Registration Section

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



January 29, 2015

MIKE GILLESPIE 448 W SILVERTHORN LN PONTE VEDRA, FL 32081

SUBJECT: DESIRED OUTCOME, LLC

Ref. Number: L08000073243

We have received your document for DESIRED OUTCOME, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The effective date must be specific and cannot be prior to the date of filing.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 815A00001781

2015 FEB | | PM 4: 0|

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a n	wited liability company is  Out Come LLC
2. The Articles of 0	Organization were filed on Jby 29 2008 and assigned
document numb	er L08000073243
3. The delayed effe	ective date the dissolution if not effective on the date of filing:  (effective date cannot be prior to or more than 90 days later than date document is received for filing)
605.0707, Florid کنسه هدی تاک	occurrence that resulted in the limited liability company's dissolution pursuant to section a Statutes, (copy 605,9707 on back cover letter).  alsontinued oferstins and was dissoluted by
it's m	ens c/S
5. If there are no mactivities and af	nembers, enter the name and address of the person appointed to wind up the company's fairs:
6. Signature of an listed above to win	authorized person or if there are no members, the signature of the person appointed and d up the company's activities and affairs:
a hustle	mile 6-1/180:0
	Signature Printed Name

FILING FEE: \$25.00

FILED BECRETARY OF STATE