

LO8000084828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

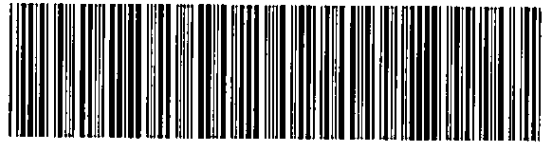
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/12/19--01003--006 **55.00

2019 JUN 10 PM 12:44
SECRETARY OF STATE
HALL OF RECORDS

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JUN 14 2019

M. SOLOMON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 2, 2019

LORRIE REMINGTON
C/O 223 WOOD ST
CROWN POINT, IN 46307

SUBJECT: CREATING ALCHEMY, LLC
Ref. Number: L08000084828

This will acknowledge receipt of your correspondence regarding the above referenced business entity.

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

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

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.

Stacy Prather
Regulatory Specialist III

Letter Number: 819A00008891

RECEIVED

JUN 10 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Creating Alchemy, 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:

Lorrie Remington
(Name of Person)

Creating Alchemy, LLC
(Firm/Company)

6889 Recreation Lane
(Address)

Acumoth, GA 30102
(City/State and Zip Code)

For further information concerning this matter, please call:

Lorrie Remington at 321, 277-590
(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

Creating Alchemy, LLC

2. The Articles of Organization were filed on 9-5-2008 and assigned

document number

L08000084828

3. The delayed effective date the dissolution if not effective on the date of filing: 6-1-19
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

closed business & no longer doing
business

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TALLAHASSEE, FLORIDA

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

Corrie Remington
6809 Recreation Lane
Acworth, GA 30102

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:

Corrie Remington
Signature

Corrie Remington
Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: _____

Creating Alchemy LLC

Document number of Limited Liability Company is: _____

LP8000084828

Date of dissolution was: _____

6-1-19

Description of information that must be included in a written claim:

No longer doing business

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

*6009 Recreation Lane
Acworth, GA 30102*

SECRETARY OF STATE
FILING OFFICE

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A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Printed Name of the Person Filing

Signature of the Person Filing