

LOG000094803

(Requestor's Name)

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14 JAN 21 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 28 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLAUDETTE V. PHOTOGRAPHY, 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:

CLAUDETTE V. HOLLENBACK
(Name of Person)

CLAUDETTE V. PHOTOGRAPHY LLC
(Firm/Company)

2503 MASON OAKS DR.
(Address)

VALRICO, FLORIDA, 33596
(City/State and Zip Code)

For further information concerning this matter, please call:

CLAUDETTE V. HOLLENBACK at (727) 365-2012
(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

CLAUDETTE V. PHOTOGRAPHY, LLC

2. The Articles of Organization were filed on 10/06/2008 and assigned
document number L08000094803

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).

CLOSE DOWN BUSINESS AND CONSENT OF ALL
MEMBERS

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

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

C. Hollenback

Printed Name

CLAUDETTE HOLLENBACK

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA