1090000 48467

| (Re | equestor's Name) | |
|---|----------------------|----------|
| (Ac | ldress) | |
| (Ac | idress) | |
| (Ci | ty/State/Zip/Phone # |) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bı | isiness Entity Name |) |
| (Dx | ocument Number) | |
| Certified Copies | _ Certificates o | f Status |
| Special Instructions to Filing Officer: | | |
| | | |
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| L | | |

Office Use Only



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10/22/18--01025--020 **25.00

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

| Division of Corporations | |
|---|---|
| SUBJECT: THE FOX GROUP DESIGNAME of Limited | NS 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: |
| | لب |
| CVALTUUM FAV | , , |
| CYNTHIA FOX | of Person) |
| | 0 0 |
| THE TOX | Company) DESIBNS, LLC |
| (Firm/C | Company) |
| 2417 DEFLUCCE | P. P.AD |
| 3417 LACEWOOD | dress) |
| TAMPA, FL (City/State a | 221.18 |
| IAMPA, 1 L | and Zin Codes |
| (Спуляше в | and 21h Civic) |
| For further information concerning this matter, please call: | |
| | |
| CYNTHIA FOX (Name of Person) | at (813) 505 - 5121 (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) |
| | 123 |
| | |
| MAILING ADDRESS: Registration Section | STREET/COURIER ADDRESS: Registration Section |
| Division of Corporations | 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 |
|---|
| The Fox Group Designs, LLC |
| 2. The Articles of Organization were filed on $\frac{5/19/2009}{}$ and assigned |
| document number <u>L090000 48467</u> |
| 3. The delayed effective 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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no 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 sect 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). |
| This is a voluntary dissolution. The LLC is no longer; |
| economically viable. |
| |
| |
| 5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Cynthia Fox |
| 3417 Lacewood Road |
| Tampa, FL 33618 |
| 5. Signature of an authorized person or if there are no members, the signature of the person appointed and isted above to wind up the company's activities and affairs: |
| Cynthia Fox Signature Cynthin Fox Printed Name |

FILING FEE: \$25.00