# L09000062484

(R	equestor's Name)		
(Address)			
(Address)			
(C	ity/Ŝtate/Zip/Phone #	r)	
PICK-UP	☐ WAIT	MAIL	
(B	usiness Entity Name	)	
(Document Number)			
Certified Copies	Certificates o	f Status	
Special Instructions to Filing Officer:			
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SECRETARY OF STATE TALLAHASSEE. FLORIDA

SO:1 R4 6- AWIII

C. LEWIS

MAY 1 0 2011

EXAMINER

#### **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJI	ECT: Audrey Lyman Design LLC (Name of Limited Liability Company)			
The en	aclosed Articles of Dissolution and fee(s) are submitted for filing.			
Please	return all correspondence concerning this matter to the following:			
	Audrey Lyman			
(Name of Person)				
(Firm/Company)				
701 Tournament Road (Address)				
Ponte Vedra Beach, Florida 32082-3654 (City/State and Zip Code)				
For fur	ther information concerning this matter, please call:			
	Audrey Lyman at ( 904 ) 285-8519 (Name of Person) (Area Code & Daytime Telephone Number)			
	cd is a check for the following amount:  20 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  S55.00 Filing Fee & Certified Copy (additional copy is enclosed)  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

FILED

## 2011 MAY -9 PM 4: 05 , ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

SECRETARY OF STATE TALEAHASSEE, FLORIDA

1. The name of a limited liability company is		
Audrey Lyman Design LLC		
2. The Articles of Organization were filed on June 26	6, 2009 and assigned document number	
3. The date the dissolution was approved: May 3, 20	11	
<ol> <li>A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).</li> </ol>		
I am dissolving Audrey Lyman Design LLC be	cause I am having a child and no longer have	
the time or capital to properly conduct busines	SS.	
5. CHECK ONE:		
	imited liability company have been paid or discharged. lebts, obligations and liabilities pursuant to s. 608.4421.	
	uted among its members in accordance with their respective	
7. CHECK ONE:	,	
There are no suits pending against the comp	pany in any court.	
	satisfaction of any judgment, order or decree which may be	
Signatures of the members having the same percentage of	membership interests necessary to approve the dissolution:	
Signature	Printed Name	
Cudly M. Xm	Audrey M. Lyman	
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	<del></del>	
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FILING FEE: \$25.00