# 109000013188

(Requestor's Name)					
(Address)					
(Address)					
(1001000)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
107					

Office Use Only



800322456908

01/03/19--01017--005 \*\*25.00

2019 JAN 29 PM 9: 18

D. BRUCE FEB 05 2019



January 14, 2019

DESI BOGNAR 3347 THORNWOOD RD SARASOTA, FL 34231

SUBJECT: INDIVART, LLC. Ref. Number: L09000073188

We have received your document for INDIVART, LLC. and your check(s) totaling \$25.00. 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.

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.

Deborah Bruce Corporate Records Supervisor

2019 JAN 29 PM 3: 15

Letter Number: 419A00000980

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: 1MDIVART LLC (Name of Limited Liability Company)					
(traine of bininea blabins)					
The enclosed Articles of Dissolution and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Dasi K. BOGNAR (Name of Person)					
MDIVARTLLC					
(Firm/Company)					
3347 Thornwood Ed.					
Saras Aa, FL 34231					
(City/State and Zip Code)					
For further information concerning this matter, please call:  desugra vert 2 th. Net					
Mediana @ Mai vat. Com 11 (941) 922-9798. 0 17					
(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 liabilit		DIVART LLC	·
2. The Articles of Organization	were filed on		and assigned
document number 💄 00	1000073188	_	
3. The delayed effective date th (effective date)  Note: If the date inserted in the listed as the document's effective date.	is block does not meet the	applicable statutory filing re	equirements, this date will not be
4. A description of occurrence of 605.0707, Florida Statutes, (c	opy 605.0707 on back o	over letter).	ssolution pursuant to section
5. If there are no members, enter activities and affairs:	er the name and address		o wind up the company's
			S. S
6. Signature of an authorized polisted above to wind up the com	erson or if there are no repany's activities and af	nembers, the signature of fairs:	the person appointed and
Lules		Dasi W	Bignar
Signature	$\overline{}$	Printed Name	

**FILING FEE: \$25.00**