109000081168

(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:					





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10/22/14--01013--015 **25.00



OCT 24 2014

· Clinic

COVER LETTER

	stration Section sion of Corporations		
SUBJECT:	Upstage and Sell Home Staging		
ounder, ,	(Name of Limit	d Liability Company)	· · · · · · · · · · · · · · · · · · ·
The enclosed	Articles of Dissolution and fee(s) are submit	ed for filing.	
Please return a	all correspondence concerning this matter to	he following:	201 TAI
	Rebecca Smailes		2014 OCT 22 SEGRETARY FALL ALLASS
	(Nan	e of Person)	
	(Fin	v/Company)	
	1920 NW 24th Street		*
	(Address)	
	Gainesville, FL 32605		
	(City/Sta	e and Zip Code)	
For further inf	formation concerning this matter, please call:		
Rel	becca Smailes	352 538042	0
- , , , , ,	(Name of Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a cl	neck for the following amount:		
⊌ \$25 .0	00 Filing Fee and Certificate of Dissolution	\$55.00 Filing Fee, Certificat Certified Copy (additional	
	MAILING ADDRESS:		RIER ADDRESS:
Registration Section		Registration Sect	
	Division of Corporations P.O. Box 6327	Division of Corp Clifton Building	orations
	Tallahassee, FL 32314	2661 Executive (Center Circle
	•	Tallahassee, FL 3	

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is Upstage and Sell Home Staging						
2.	The Articles of Organization	on were filed on	08/21/2009	_ and assigned			
	document number L09000)081168					
3.	The delayed effective date (effective	the dissolution i	f not effective on the date of filing or to or more than 90 days later than date d	Oct 31 2014			
	605.0707, Florida Statutes,	(copy 605.0707	the limited liability company's dis on back cover letter).	ssolution pursulant	to section.		
	Not doing any business). 					
				agen ments and a feet of the second of the and a feet of the second of t	2		
	If there are no members, en activities and affairs:	iter the name and	d address of the person appointed to	o wind up the con	npany's		
		1920 NW 24th Street Gainesville, FL 32605					
6. lis	Signature of an authorized ted above to wind up the go	person or if ther mpany's activiti	e are no members, the signature of es and affairs:	the person appoin	ited and		
	Kele Sna	riles	Rebecca Smailes				
_/	Signature		Printed	Name			

FILING FEE: \$25.00