

W09000115726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

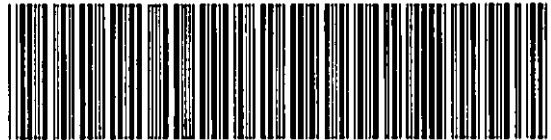
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200364900582

04/27/21--01000--010 **25.00

RECEIVED

APR 26 2021

FILED
2021 APR 26 AM 8:38
STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: About the Logo, 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:

Nadia A. Havard

(Name of Person)

Knox McLaughlin Gornall & Sennett, PC

(Firm/Company)

120 West 10th Street

(Address)

Erie, PA 16501

(City/State and Zip Code)

For further information concerning this matter, please call:

Timothy R. Larson

(Name of Person)

at (814 450-5596)
(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

About the Logo, LLC

2. The Articles of Organization were filed on December 4, 2009 and assigned

document number LO9000115726

3. The delayed effective date the dissolution if not effective on the date of filing: upon 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 not be 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 section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

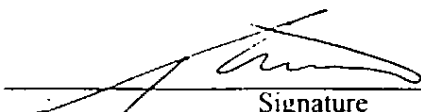
The consent of all the members

The consent of all the members

The consent of all the 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

Timothy R. Larson

Printed Name

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: About the Logo, LLC

Document number of Limited Liability Company is: L09000115726

Date of dissolution was: upon filing

Description of information that must be included in a written claim:

name, address and the phone number of the creditor, the date of the original debt, the amount of the claim,

the reason for submitting the claim, a written document evidencing the original debt.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

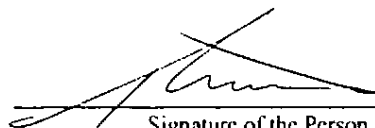
707 Teal Avenue

Celebration, FL 34747

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Timothy R. Larson

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00