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(Address)

(City/State/Zip/Phone #)

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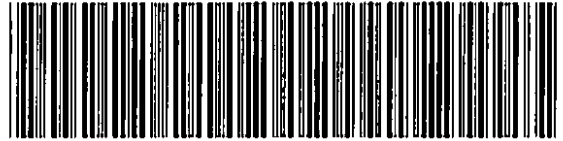
(Business Entity Name)

(Document Number)

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S. WARREN  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

S. WARREN

DEC 11 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JUDY KROHNGOLD, 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:

JUDY KROHNGOLD  
(Name of Person)

JUDY KROHNGOLD, LLC  
(Firm/Company)

P.O. Box 48635  
(Address)

SARASOTA, FL 34230  
(City/State and Zip Code)

For further information concerning this matter, please call:

JUDY KROHNGOLD at ( 941 ) 807.1718  
(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

12/05/2017

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

1. The name of a limited liability company is

JUDY KROHNGOLD, LLC

2. The Articles of Organization were filed on 12-29-2009 and assigned

document number CP 575 G

3. The delayed effective date the dissolution if not effective on the date of filing: 12-29-2017  
(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).

SEMI-RETIREMENT

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

JUDY KROHNGOLD

PO BOX 48635

SARASOTA, FL 34230

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:

Judy Krohngold  
Signature

JUDY KROHNGOLD  
Printed Name

**FILING FEE: \$25.00**

FILED  
17 DEC -8 PM 1:47  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

12/05/2017