#110000043897

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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KBALY EXAMINER FEB 28 2012

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CINDY BOYER PHOTOGRAPHY, 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:
CINDY BOYER
(Name of Person)
CINDY BOYER PHOTOGRAPHY
(Firm/Company)
PO BOX 8249
(Address)
HOBE SOUND, FL 33475
(City/State and Zip Code)
For further information concerning this matter, please call:
CINDY BOYER at 561 401-2620
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & 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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED.

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FILING FEE: \$25.00