

L10000083557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

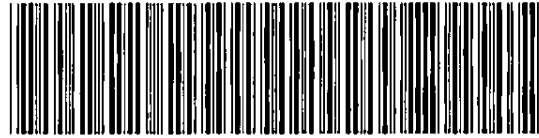
(Business Entity Name)

(Document Number)

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02/07/18--01011--014 **25.00

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2018 FEB -7 PM 1:09
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TALLAHASSEE, FLORIDA

M. MILLIGAN

FEB 07 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Anita's Funky Emporium 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:

Anita Harnden (D.)
(Name of Person)

Anita's Funky Emporium
(Firm/Company)

3686 Woodville Hwy
(Address)

Tallahassee FL 32305
(City/State and Zip Code)

For further information concerning this matter, please call:

Anita Harnden at (850) 443-4466
(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 liability company is

Anita's Funky Emporium LLC

2. The Articles of Organization were filed on 08-10-2010 and assigned

document number L10000083557

3. The delayed effective date the dissolution is not effective on the date of filing: 02-07-18
(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).

I, Anita Harnden, am moving to
Oklahoma to help my family.

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

Anita Harnden
1307 Kings Dr
Tallahassee, FL 32301
(850) 443-4466

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:

Anita D Harnden
Signature

Anita D. Harnden
Printed Name

FILING FEE: \$25.00

FILED
2018 FEB - 7 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA