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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
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AUG 14 2013 D. SRUCE

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Got THANKS 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: PATRICIA WOOD (Name of Person)			
(Firm/Company)			
2021 Vista Cove RoAd	至沒	201	
(Address)			CALC. THE
St. Augustine, FL 32084	HAS:	2019 AUG I 3	Entropy Street
(City/State and Zip Code)	ži Y		ij Kalenteri
For further information concerning this matter, please call:	Y OF STATE SEEFLORIDA	PM 1: 2	
PATRICIA WOOD at (614) 286-3640 (Name of Person) (Area Code & Daytime Telephone Numb		ි	
•			
Enclosed is a check for the following amount:			
ρ \$25.00 Filing Fee & ρ \$30.00 Filing Fee & ρ \$55.00 Filing Fee & ρ \$60.00 Filing Fee & Certificate of Status ρ \$55.00 Filing Fee & ρ \$60.00 Filing Fee & Certificate of	Status & y	osed)	

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 Got Thanks LLC	
2. The Articles of Organization were filed on	and assigned document number
 3. The date the dissolution was approved:immec 4. A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back coverage) Failure To make one Sale. 	
5. CHECK ONE:	· Maria
 OR- Adequate provision has been made for the de 6. All remaining property and assets have been distribute rights and interests. 7. CHECK ONE: There are no suits pending against the compa-OR- 	bts, obligations and liabilities pursuant to \$\frac{1}{5}608.442. ed among its members in accordance with their respectives the second of the
Signatures of the members having the same percentage of m	nembership interests necessary to approve the dissolution:
Signature	Printed Name
Patricia Hood	PATRICIA WOOD