

L16 00016 2625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

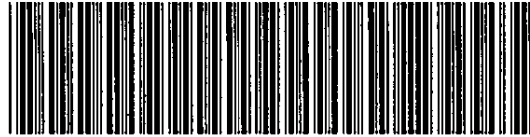
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/09/16--01022--028 **55.00

FILED
16 MAY -9 AM 7:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 10 2016
J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Journeys through Art Therapy 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:

Susan Joy Smellie

(Name of Person)

Journeys through Art Therapy LLC

(Firm/Company)

15051 Sterling Oaks Dr.

(Address)

Naples, FL 34110

(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Joy Smellie

(Name of Person)

at (239) 821-6987

(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

Journeys through Art Therapy LLC

2. The Articles of Organization were filed on 10/01/2010 and assigned

document number L10000102625

3. The delayed effective date the dissolution if not effective on the date of filing: 5/5/2016

(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).

Principal is closing business in preparation to move out of state. This business is not expected to reopen elsewhere.

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

Susan Joy Smellie

15051 Sterling Oaks Dr.

Naples, FL 34110

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:

Susan Joy Smellie
Signature

Susan Joy Smellie
Printed Name

FILING FEE: \$25.00