

L10000114244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

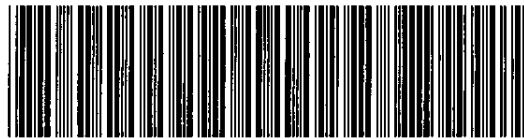
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300229366913

04/16/12--01018--006 \*\*25.00

FILED

2012 APR 30 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

MAY - 1 2012

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Julianne Raines Graphic Designer, 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:

Julianne Raines

(Name of Person)

(Firm/Company)

146 Glen Eagles Drive

(Address)

Winston-Salem, NC 27104

(City/State and Zip Code)

**FILED**  
2012 APR 30 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Julianne Raines

(Name of Person)

at ( 561 ) 239-1906

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ 30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 17, 2012

JULIANNE RAINES  
JULIANNE RAINES GRAPHIC DESIGNER, LLC  
146 GLEN EAGLES DRIVE  
WINSTON-SALEM, NC 27104

SUBJECT: JULIANNE RAINES GRAPHIC DESIGNER, LLC  
Ref. Number: L10000114244

FILED  
2012 APR 30 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for JULIANNE RAINES GRAPHIC DESIGNER, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Joey Bryan  
Regulatory Specialist II

Letter Number: 312A00011930

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

1. The name of a limited liability company is  
Julianne Raines Graphic Designer, LLC

2. The Articles of Organization were filed on 11/2/2010 and assigned document number  
L10000114244

3. The date the dissolution was approved: March 31, 2012

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

not profitable, unable to maintain business

**5. CHECK ONE:**

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

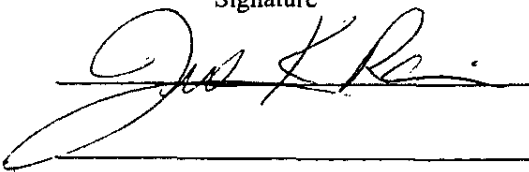
**7. CHECK ONE:**

- ☒ There are no suits pending against the company in any court.  
-OR-  
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Julianne Raines  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FILING FEE: \$25.00**

**FILED**  
2012 APR 30 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA