# LIIOOOOIIO828

(Re	equestor's Name)	
(Ac	ldress)	-
(Ac	idress)	·
· (Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



400299977524

05/12/17--01025--019 \*\*25.00



JUN 1 3 2017 Y SULKER

### **COVER LETTER**

Flany

TO:

Registration Section

Division of Corporations

SUBJECT: 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:

Janvaka Durant				
(Name of Person)				
Skylor Corporation Int				
(Firm/Company)				
5401 · Skirlman Rel-				
(Address)				
Orlando FC 32819				
(City/State and Zip Code)				

For further information concerning this matter, please call:

January Dvant at (40) 360-923 (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		
	Julies little Champons UC	.•	
2.	The Articles of Organization were filed on $02-69-11$ and assigned		
	document number <u>L11000016825</u>		
3.	The delayed effective date the dissolution if not effective on the date of filing:  (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 listed as the document's effective date on the Department of State's records.	ot be	
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to sect 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	ion	
	No Frahry posiness acting.	17 JUN 12	
5.	If there are no members, enter the name and address of the person appointed to wind up the company's	를 하는 5	
	activities and affairs:		
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:	İ	
(	Julie Forms  Julie Tanis  Printed Name		

FILING FEE: \$25.00