1/100056529

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Bus	iness Entity Nam	ne)				
(Document Number)						
Certified Copies	Certificates	of Status				
Special Instructions to Filing Officer:						

Office Use Only



800297232048

2017 HAR 28 AM 7: SECRETARY OF STA

RECEIVED 2017 NAR 28 PM 1: 50

K. SALY MAR 2 9 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 573316 7805619

AUTHORIZATION :

COST LIMIT : \$'\begin{aligned} 25.00

ORDER DATE: March 28, 2017

ORDER TIME : 1:13 PM

ORDER NO. : 573316-005

CUSTOMER NO: 7805619

DOMESTIC FILINGS

NAME: CHELSEAS' PLACES LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT#

EXAMINER'S INITIALS:

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



1.	The name of a limited liabil Chelseas' Places LLC	lity company is		TALLAHASSEE, FL	
2.	The Articles of Organization	n were filed on 05/12	/2011	and assigned	
	document number L110000	56529			
3.	(effective Note: If the date inserted in the	the dissolution if not effective on the date of filing: ve date cannot be prior to or more than 90 days later than date document is received for filing) in this block does not meet the applicable statutory filing requirements, this date will not be ective date on the Department of State's records.			
4.	A description of occurrence 605.0707, Florida Statutes,	that resulted in the li (copy 605.0707 on ba	imited liability company's diss ck cover letter).	solution pursuant to section	
	Cease doing business				
5.	If there are no members, en activities and affairs:	ter the name and addi David Bloom	ress of the person appointed to	wind up the company's	
		C/O Bloom Office LLC			
575 Madison Avenue, 10th Floor					
New York, NY 100			2		
6. lis	Signature of an authorized peter above to wind up the con	person or if there are npany's activities and	no members, the signature of the laffairs:	he person appointed and	
	DIB		David Bloom, Manager		
Signature		Printed N	Printed Name		

FILING FEE: \$25.00