L14000073664

(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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14 APR 10 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 11 2014
T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Arend Design Studio 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:

John R. Arend
(Name of Person)

Arend Design Studio LLC
(Firm/Company)

1660 Wild Fox Drive
(Address)

Casselberry, Florida 32707
(City/State and Zip Code)

For further information concerning this matter, please call:

John R. Arend at (407) 415-3895 (cell)
(Name of Person) (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

FILED
14 APR 10 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
Arend Design Studio LLC

2. The Articles of Organization were filed on June 24, 2011 and assigned document number L11000073664

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)

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).
I, John R. Arend, no longer wish to perform design services under the LLC of Arend Design Studio LLC effective immediately.

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

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:

John R Arend
Signature

JOHN R. AREND
Printed Name

FILING FEE: $25.00