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(Re	equestor's Name)				
(Ad	ldress)				
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(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL.			
(Bu	ısiness Entity Nar	ne)			
(Document Number)					
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A CHILLES

COVER LETTER

TO:

Registration Section Division of Corporations

SURJECT

Art Mission, 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:

Stella Posada					
(Name of Person)					
(Firm/Company)					
235 N Ranger Blvd					
(Address)					
Winter Park, FL 32792					
(City/State and Zip Code)					

For further information concerning this matter, please call:

Stella Posada

_{.,/}407 \ 678-8993

(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

1.	The name of a limited liabili	ity company is					
2.	The Articles of Organization	were filed on July 27,2	2011 a	and assigned			
	document number L1100008	6303	_				
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 be listed as the document's effective date on the Department of State's records.						
4.	A description of occurrence 605.0707, Florida Statutes, (Gusiness Closed	that resulted in the limicopy 605.0707 on back	ted liability company's disso cover letter).	plution pursuant to secti	ion		
٠							
	,						
	17-18-1			-			
5.	If there are no members, entactivities and affairs:	er the name and address Stella Posada	of the person appointed to	wind up the company's	<u>.</u>		
		235 N Ranger Blvd		APR)		
		Winter Park, FL 32792		· • ·			
				## 4: 3	f (****		
6. list	Signature of an authorized p ted above to wind up the con	erson or if there are no ipany's activities and af	members, the signature of th	e person appointed and			
	8/7/. D.O.		STELLA PO	5 5 01			
	Signature		Printed N				

FILING FEE: \$25.00