

L11 000 11786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

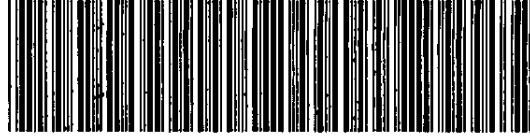
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800285543868

05/09/16--01015--015 **25.00

FILED
16 MAY -9 AM 7:12
CLERK OF STATE
TALLAHASSEE, FLORIDA

MAY 10 2016
J SHIVERS

L

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Two Hearts Workshop
(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:

Saudette Horst
(Name of Person)

(Firm/Company)

10725 S. Ocean Dr. #462
(Address)

Jensen Beach, Fl. 34957
(City/State and Zip Code)

For further information concerning this matter, please call:

Saudette Horst at (772) 214-4375
(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 liability company is

Two Hearts Workshop

2. The Articles of Organization were filed on 10/15/11 and assigned

document number L11000117880

3. The delayed effective date the dissolution if not effective on the date of filing: \$ 06-16
(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 that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

A Decision Was made to Dissolve the LLC -
I Would like to Simplify my life
and have more time of leisure

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

Gaudette Horst

10725 S. Ocean Drive

#462

Jensen Beach, Fl. 34957

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:

Gaudette Horst
Signature

Gaudette Horst
Printed Name

FILING FEE: \$25.00