

L12000004335

(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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900258820869

04/14/14--01041--009 **25.00

EFFECTIVE DATE
4-30-14

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

APR 15 2014
T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Written Reflections 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:

Lisa K. Cox

(Name of Person)

Written Reflections LLC.

(Firm/Company)

1114 Lancer Lane

(Address)

Tarpon Springs, Florida, 34689

(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa K. Cox

(Name of Person)

727

403-7806

at (

) _____
(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

EFFECTIVE DATE

4-30-14

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

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

1. The name of a limited liability company is
Written Reflections LLC

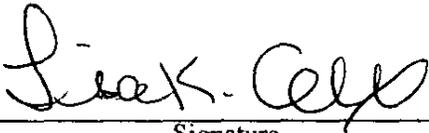
2. The Articles of Organization were filed on January 9, 2012 and assigned
document number L12000004335

3. The delayed effective date the dissolution if not effective on the date of filing: April 30, 2014
(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).
Business has never been conducted under this company. I have decided to dissolve it.

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:



Signature

Lisa K. Cox

Printed Name

FILING FEE: \$25.00