<u>L12000044416</u>

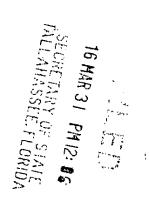
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	Idress).	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	isiness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer:		
		;

Office Use Only



700283800317

03/31/16--01011--005 **25.00



APR 01 LUIG

COVER LETTER

Division of Corporations			
SUBJECT: Auchor Photography LLC (Name of Limited Liability Company)			
(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:			
Reginald m ATKINS (Name of Person)			
(Name of Person)			
Anchor Photography LLC			
(Firm/Comparty)			
15825 Aurora Lake Cir. (Address)			
WIMAUMA FL 33598 (City/State and Zip Code)			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Reginal d M ATKINS at (\$13) 376-3054 (Name of Person) (Area Code & Daytime Telephone Number)			
(Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee and Certificate of Dissolution \$\Boxed{\subset}\$\$ \$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	
Axchor Photogra	Aphy LLC
2. The Articles of Organization were filed on	April 2 2012 and assigned
document number <u>L1200004</u>	4916
3. The delayed effective date the dissolution if (effective date cannot be prio Note: If the date inserted in this block does not listed as the document's effective date on the D	Finot effective on the date of filing: \(\frac{\cappa_C}{3} \) \(\frac{3}{3} \) \(\frac{3}{
4. A description of occurrence that resulted in	the limited liability company's dissolution pursuant to section back cover letter).
1 .	e owner operated business
,	my Health issues to
CONTINUE.	
\mathcal{O}	address of the person appointed to wind up the company
activities and affairs:	VALO M ATKINS
15825	Aurora Lake Cir. Est
Wima	22 0
<u>ratkii</u>	US510 a mail. com
	e are no members, the signature of the person appointed and
Reguld M. attains	Reginald M ATKINS Printed Name
/ Signature	i imperiamic

FILING FEE: \$25.00