

L12000 050 956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

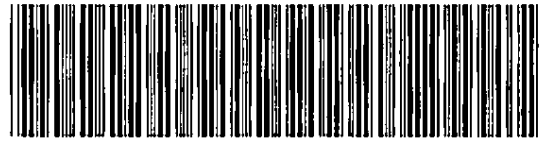
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
CORPORATIONS

Dissolution

JAN 04 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Design Dimensions 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:

Lejeune Morrison

(Name of Person)

Design Dimensions LLC

(Firm/Company)

609 Island Street

(Address)

Davenport, FL 33897

(City/State and Zip Code)

For further information concerning this matter, please call:

Lejeune Morrison

(Name of Person)

at

316 630-0295

(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

19 FEB 16 AM 10:10

FILED
OFFICE OF STATE
CORPORATIONS

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Design Dimensions LLC

2. The Articles of Organization were filed on 04/16/2012 and assigned

document number L12000050956

3. The delayed effective date the dissolution is 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 that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Business closes

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

Lejeune Morrison

609 Island Street

Davenport, FL 33897

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:

Lejeune Morrison

Signature

Lejeune Morrison

Printed Name

FILING FEE: \$25.00

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SECRETARY OF STATE
APR 16 2012 10:10 AM