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L12 0000 62694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

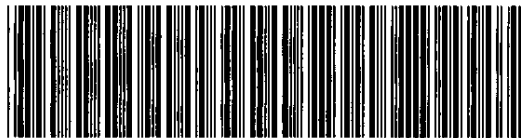
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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02/24/15--01019--011 **25.00

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15 FEB 24 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Stivers MAR 05 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE ARTIST PORTFOLIO WORKSHOP MUSEUM, 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:

ANA SOLER

(Name of Person)

THE ARTIST PORTFOLIO WORKSHOP MUSEUM, LLC.

(Firm/Company)

2900 N.W. 109th AVENUE

(Address)

DORAL, FL 33172

(City/State and Zip Code)

For further information concerning this matter, please call:

ANA SOLER

(Name of Person)

at (786) 200-3046

(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:

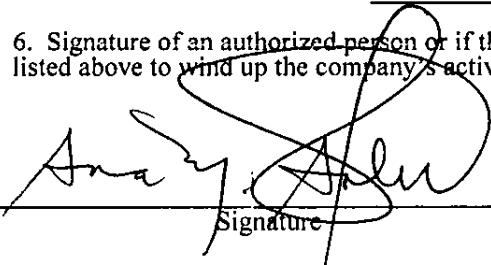
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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
THE ARTIST PORTFOLIO WORKSOP MUSEUM, LLC.
2. The Articles of Organization were filed on 06/01/2012 and assigned
document number L12000062094
3. The delayed effective date the dissolution if not effective on the date of filing: N/A
(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 CLOSED 12/31/2014
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: N/A
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

ANA SOLER

Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA