

L12 000 070052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AJW MUSIC 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:

ANDREW J. WALKER

(Name of Person)

AJW MUSIC LLC

(Firm/Company)

847 GREENS AVE.

(Address)

ORLANDO, FL 32804

(City/State and Zip Code)

For further information concerning this matter, please call:

ANDREW J. WALKER

(Name of Person)

407

at (

619-0967

) (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:

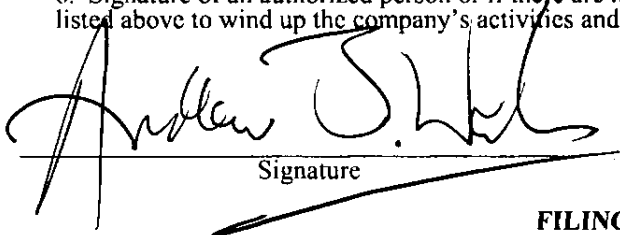
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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
AJW MUSIC LLC
2. The Articles of Organization were filed on 05/23/2012 and assigned
document number L12000070052
3. The delayed effective date the dissolution if not effective on the date of filing: 08/01/2014
(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).
I AM NO LONGER OPERATING THIS HOME BUSINESS, ONE PURPOSE OF
WHICH WAS TEACHING PIANO LESSONS. MY PLACE OF FULL-TIME
EMPLOYMENT HAS THE FACILITIES AND EQUIPMENT TO PERMIT ME TO
TEACH THERE. THEREFORE THE HOME BUSINESS IS NO LONGER NEEDED.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: ANDREW J. WALKER
847 GREENS AVE.
ORLANDO, FL 32804
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

ANDREW J. WALKER
Printed Name

FILING FEE: \$25.00

14 JUL 17 AM 11:09