

L12000076912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

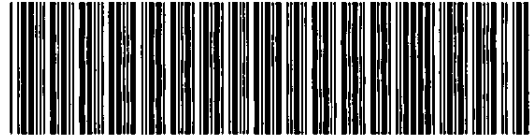
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 14 2016  
J. BRUCE

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Unique Novelties Online, 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:

Shantell Wright  
(Name of Person)

(Firm/Company)

16292 SW 18 ST  
(Address)

Miramar FL 33027  
(City/State and Zip Code)

For further information concerning this matter, please call:

Shantell Wright at (954) 864 1089  
(Name of Person) (Area Code & Daytime Telephone Number)

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STATE  
TALLAHASSEE  
FL 32301

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

Unique Novelties Online, LLC

2. The Articles of Organization were filed on Dec 31 2013 and assigned

document number LI2000076912

3. The delayed effective date the dissolution if 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)

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).

lack of sales.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE FLORIDA

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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:

Shantell L. Knight  
Signature

Shantell L. Knight  
Printed Name

**FILING FEE: \$25.00**