

L12000 108523

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600258392536

04/14/14--01009--005 \*\*25.00

FILED  
14 APR 14 AM 9:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Stivers APR 15 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Misty Lenkey 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:

Misty Lenkey  
(Name of Person)

Misty Lenkey LLC  
(Firm/Company)

3871 Indian Trail B4  
(Address)

Destin FL 32541  
(City/State and Zip Code)

For further information concerning this matter, please call:

Misty Lenkey at ( 950 ) 461-0114  
(Name of Person) (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

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

14 APR 14 AM 9:43

FILED

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

1. The name of a limited liability company is Misty Lenkey LLC
2. The Articles of Organization were filed on 08/23/2012 and assigned  
document number L12000108523
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).

I Became a Broker

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

Misty Lenkey  
3871 Indian Trail B4  
Destin FL 32541

FILED  
14 APR 16 AM 9:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Misty Lenkey  
Printed Name

**FILING FEE: \$25.00**