

L12000148846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

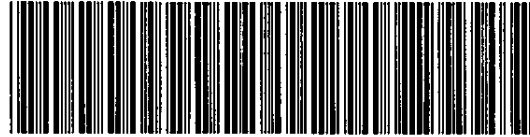
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600270039086

03/10/15--01023--019 **25.00

FILED
STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
2015 MAR 10 AM 9:10

And Diss
@ 3/27/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sarah Robbins Photography 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:

Sarah Robbins, Member

(Name of Person)

Sarah Robbins Photography LLC

(Firm/Company)

5905 Sky Terrace Ct

(Address)

Reno, NV 89511

(City/State and Zip Code)

For further information concerning this matter, please call:

Sarah Robbins, *Member*

(Name of Person)

at (941) 465-8728

(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

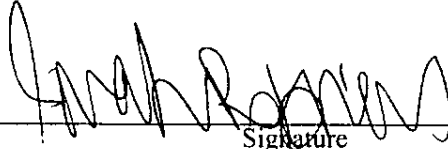
**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 MAR 10 AM 9:10

1. The name of a limited liability company is
Sarah Robbins Photography LLC
2. The Articles of Organization were filed on 11/28/2012 and assigned
document number L12000148846
3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2014
(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).
discontinued operations

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

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

Sarah Robbins, Member
Printed Name

FILING FEE: \$25.00