

L12000151116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

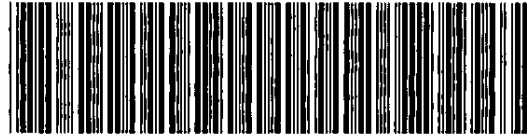
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/27/14--01034--021 **25.00

14 MAY 27 PM 3:58
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Works in Progress Art Studios 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:

Carolynn DelMonte

(Name of Person)

Works in Progress Art Studios

(Firm/Company)

1709 Cypress Ave

(Address)

Belleair, FL. 33756

(City/State and Zip Code)

For further information concerning this matter, please call:

Carolynn DelMonte

(Name of Person)

727

458-2741

at (

(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
Works in Progress Art Studios
2. The Articles of Organization were filed on December 04, 2012 and assigned
document number L12000151116
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).
Due to lack of business/income, I am no longer able to sustain the LLC.
I am moving to smaller quarters, within another business. I will only be keeping
a Florida tax ID number, under my own name, as a sole proprietorship.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Carolynn DelMonte
1709 Cypress Ave
Belleair, FL. 33756
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

Carolynn DelMonte
Printed Name

FILING FEE: \$25.00

FILED
TALLAHASSEE, FLORIDA
14 MAY 27 PM 3:58