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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

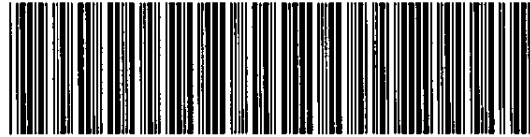
(Business Entity Name)

(Document Number)

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100272344331

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FILED  
15 APR 30 AM 10:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100272344331 MAY 06 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DIVAS' MISSION CREATIVE DESIGN 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:

TIFFANY KIRKWOOD  
(Name of Person)

DIVAS' MISSION CREATIVE DESIGN LLC  
(Firm/Company)

5225 SW 10TH COURT  
(Address)

MARGATE, FL 33068  
(City/State and Zip Code)

For further information concerning this matter, please call:

TIFFANY KIRKWOOD at ( 954 ) 461-6113  
(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

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

1. The name of a limited liability company is

DIVAS MISSION CREATIVE DESIGN LLC

2. The Articles of Organization were filed on 2/4/13 and assigned

document number L13000017922

3. The delayed effective date the dissolution if not effective on the date of filing: 4/27/15  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

COMPANY NO LONGER IN BUSINESS

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

TIFFANY KIRKWOOD  
5225 SW 10TH COURT  
MARGATE, FL 33068

15 APR 10 AM 10:22  
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:

Tiffany C Kirkwood  
Signature

TIFFANY KIRKWOOD  
Printed Name

**FILING FEE: \$25.00**