# 213000036457

(Requestor's Name)
(Address)
(Address)
(C) (O) (C) (D) (D)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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TALLAHASSEE, FIGRION

### **COVER LETTER**

Registration Section Division of Corporations

SURIFCT

City Haunts 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:

Jamie Pearce	
(Name of Person)	
(Firm/Company)	<b>2014</b>
P.O. Box 2322	LAH)
(Address)	AR SS
Orange Park, FL 32067	
(City/State and Zip Code)	STATE ORAD

For further information concerning this matter, please call:

# Jamie Pearce

..,904

714-8187

(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 City Haunts LLC	' is
2. The Articles of Organization were filed document number	on 3-11-13 and assigned 25
3. The delayed effective date the dissolution	-
` ' '	d in the limited liability company's dissolution pursuant to section 707 on back cover letter).
5. If there are no members, enter the name activities and affairs:	and address of the person appointed to wind up the company's
above to wind up the company's activities a	
Signature	Printed Name
Jame peonce	Jame Pearce
O	FILING FEE: \$25.00
never even opened the had to give up on th	e business. Due to medical issues ne idea all together.  Jameleonee  Door #112000060032