

LI 3000043421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

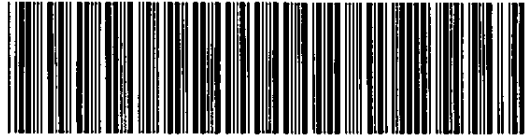
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/23/15--01013--013 **25.00

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FILED
15 MAR 23 AM 10:51
MAR 23 2015
MAR 23 2015

M. MILLIGAN
EXAMINER

APR 14 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANGELL & TWENTY 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:

MARK TWENTY

(Name of Person)

IMAGINATION CENTER INC

(Firm/Company)

565 EAST CHURCH ST

(Address)

FREDERICK, MD 21701

(City/State and Zip Code)

For further information concerning this matter, please call:

MARK TWENTY

(Name of Person)

301

695-0086

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**

15
MAR 23
FILED
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1. The name of a limited liability company is
ANGELL & TWENTY LLC

2. The Articles of Organization were filed on 03-22-2013 and assigned
document number L13000043421

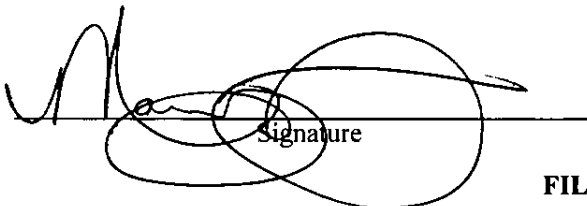
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

One member deceased and property sold

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

MARK TWENTY

Printed Name

FILING FEE: \$25.00