

L170000 47790

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 23 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gypsy Treasures, 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:

Shannon Machisic
(Name of Person)

~~MAA~~ Gypsy Treasures, LLC
(Firm/Company)

PO Box 351455
(Address)

Palm Coast
(City/State and Zip Code)

For further information concerning this matter, please call:

Shannon Machisic at (386) 864-9875
(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

Gypsy Treasures LLC

2. The Articles of Organization were filed on April 1st, 2013 and assigned

document number L 13000047780

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).

We started this LLC with the intention of purchasing
straw hats, bags & Beachwear but have been unable to
find any at a price where we could resell & make a profit.
So it seems pointless to maintain this business any longer.

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:

Shannon Machisie
Signature

Shannon Machisie
Printed Name

FILING FEE: \$25.00

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