113000049507

(Po	augstods Nama)			
(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
_		_		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Do	cument Number)			
•	,			
Certified Copies	Certificates	e of Status		
Certified Copies				
Special Instructions to	Filing Officer:			

Office Use Only



400264243704

09/16/14--01009--025 **25.00

SECRETARY OF STATE

SEP 1 9 2014

i CLin.L

COVER LETTER

	egistration Section ivision of Corporations			
CALLED AND COM	Chamuel Publications, LLC		•	
SUBJECT		ed Liability Compa	ny)	
The enclos	sed Articles of Dissolution and fee(s) are submitt	ted for filing.		
Please retu	arn all correspondence concerning this matter to	the following:		
	Amy E. Smith			
	(Nan	ne of Person)		
	(Fin	n/Company)		70 Z
	11 Dream Street			ZIII SEP 16 FH 1: 5
	•	Address)		TARY ASSE
	Millboro, VA 24460	4 17:- C- 1-)		一
	(Cny/Sta	te and Zip Code)		174TE 0210
For further	r information concerning this matter, please call:			7-
ļ	Amy E. Smith	727 at (
_	(Name of Person)		ode & Daytime Telephone	Number)
Enclosed is	a check for the following amount:			
⊋ \$2	25.00 Filing Fee and Certificate of Dissolution	*******	ng Fee, Certificate of Dissa Copy (additional copy is ea	
	MAILING ADDRESS:	-	EET/COURIER A	ADDRESS:
Registration Section Registration Section			_	
	Division of Corporations P.O. Box 6327	rations Division of Corporations Clifton Building		

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FOR A LIMITED LIABILITY COMPANY

Chamuel Publications, LLC	
2. The Articles of Organization were filed or	April 3, 2013 and assigned
document numberL13000049507	
3. The delayed effective date the dissolution (effective date cannot be pr	if not effective on the date of filing:
4. A description of occurrence that resulted 605.0707, Florida Statutes, (copy 605.0707 Consent of all members	in the limited liability company's dissolution pursuant to section on back cover letter).
	20 T
	EP 16 AHASS
5. If there are no members, enter the name a	nd address of the person appointed to wind up the company's
activities and affairs:	LOR TA
	10.5 10.5
6. Signature of an authorized person or if the listed above to wind up the company's activi	ere are no members, the signature of the person appointed and ities and affairs:
Any & Swith	Amy E. Smith
Signature	Printed Name

FILING FEE: \$25.00