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| (Requestor's Name)                      |                |      |  |  |  |  |
|---|----------------|------|--|--|--|--|
|   |                |      |  |  |  |  |
| (Addre                                  | (Address)      |      |  |  |  |  |
|   |                |      |  |  |  |  |
| (Address)                               |                |      |  |  |  |  |
| <b>(</b>                                | ,              |      |  |  |  |  |
| /Oit.//C                                | tate/Zip/Phon  | - #\ |  |  |  |  |
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| PICK-UP                                 | MAIT           | MAIL |  |  |  |  |
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| /Rusin                                  | ess Entity Na  | me)  |  |  |  |  |
| (neba)                                  | ess Entity Nai | ne)  |  |  |  |  |
|   |                |      |  |  |  |  |
| (Docu                                   | ment Number)   |      |  |  |  |  |
|   |                |      |  |  |  |  |
| Certified Copies Certificates of Status |                |      |  |  |  |  |
|   |                |      |  |  |  |  |
| Special Instructions to Filing Officer: |                |      |  |  |  |  |
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| NOV 2.7 2013                            |                |      |  |  |  |  |
| A. LUNT                                 |                |      |  |  |  |  |
|   |                |      |  |  |  |  |
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# **COVER LETTER**

| TO: | Registration Section    |  |  |
|-----|-------------------------|--|--|
|     | Division of Corporation |  |  |

| SUBJECT:                | TIPS  | SY TRIPTYCH LLC  |                               |  |  |
|-------------------------|---|--|-------------------------------|--|--|
|                         | (Name of L                                      | imited Liability Company)  |                               |  |  |
|                         | of Dissolution and fee(s) are sub               | -  |                               |  |  |
| Please return all corre | spondence concerning this matte                 | r to the following:  |                               |  |  |
|                         | AN  | MY ANDERSON  |                               |  |  |
|                         |   | (Name of Person)   |                               | 2913 NOW 25  |  |
|                         | TIPSY TRIPTYCH LLC                              |  |                               |  |  |
|                         |   | (Firm/Company)   |                               | @ 25   |  |
|                         | 520   | 2 DORRINGTON LANE  |                               |  |  |
|                         | (Address)                                       |  |                               |  |  |
| ORLANDO, FLORIDA 32821  |   |  |                               |  |  |
|                         | (City   | y/State and Zip Code)  |                               |  |  |
| For further informatic  | on concerning this matter, please of            | call:  |                               |  |  |
|                         | AMY ANDERSON                                    | 813<br>at (  | 843-6758                      |  |  |
| <u> </u>                | (Name of Person)                                |  | Daytime Telephone             | Number)  |  |
| Enclosed is a check for | the following amount:                           |  |                               |  |  |
| ρ \$25.00 Filing Fee    | p \$30.00 Filing Fee &<br>Certificate of Status | p \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is encl | Certifica<br>(osed) Certified | O Filing Fee,<br>ne of Status &<br>I Copy<br>nal copy is enclose |  |

### **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 TIPSY T  | TRIPTYCH LLC  |
|--|---|
| 2. The Articles of Organization were filed on Apr  | 4117, 2013 and assigned document number                             |
| 3. The date the dissolution was approved:11/2  | /18/2013  |
| 4. A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back covers)  | ed liability company's dissolution pursuant to section ver letter). |
| TIPSY TRIPTYCH WAS IN THE PROCESS OF PURCHASING INT  | TO THE FRANCHISE "PAINTING WITH A TWIST". TIPSY TRIPTYCH            |
| ATTEMPTED TO CONTACT "PAINTING WITH A TWIST" CORP  | PORATE ON MULTIPLE OCCASIONS TO FINALIZE RURCHASING                 |
| HE FRANCHISE BUT CORPORATE WOULD NOT RETURN ANY PH   | HONE CALLS OR EMAILS. THE LACK OF COMMUNICATION FROM                |
| NTING WITH A TWIST" RESULTED IN THE INABILITY FOR TIPSY  | TRIPTYCH TO PURCHASE THE FRANCHISE PAINTING WITH A TV               |
| 5. CHECK ONE:  | (L)   |
| rights and interests.  7. CHECK ONE:  There are no suits pending against the comparation of the comparation of the comparation of the sate | atisfaction of any judgment, order or decree which may be           |
| Signatures of the members having the same percentage of n  |   |
| Signature  | Printed Name  |
| My M Am  | AMY ANDERSON  |
| La Maria   | JASON NIMEY   |
| MANUE  | MICHAEL WOODCOCK  |
|  |   |
|  |   |

FILING FEE: \$25.00