

L13000080355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

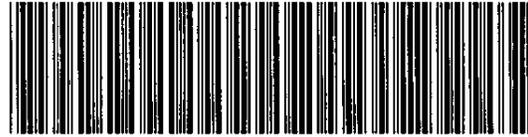
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100262282381

07/16/14--01015--007 **25.00

2014 JUL 16 AM 9:53
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FILED

JUL 17 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Instagator 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:

Jordan Hayes
(Name of Person)

Instagator LLC
(Firm/Company)

6707 Dunes Ln
(Address)

Temple Terrace, FL 33617
(City/State and Zip Code)

For further information concerning this matter, please call:

Stephanie Hayes at (813) 220-7186
(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

STATE OF FLORIDA
TALLHASSEE FLORIDA

2014 JUL 16 AM 9:53

FILED

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Instagator LLC

2. The Articles of Organization were filed on 06/04/2013 and assigned

document number L13000080355

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).

Loss of money / no profits or funds to
keep active 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:

Jordan Hayes
Signature

Jordan Hayes
Printed Name

FILING FEE: \$25.00

FILED
2014 JUL 16 AM 9:53
TALLAHASSEE FLORIDA