

L13000122120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

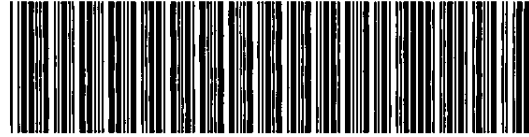
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 22 2014

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Francesca Concierge, 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:

Frances E. Fascetti
(Name of Person)

Francesca Concierge, LLC
(Firm/Company)

14 Fairfield Drive
(Address)

Dix Hills, NY 11746
(City/State and Zip Code)

2014 JAN 16 PM 12:12
ST. CLAY OF STATE
TALLAHASSEE FLORIDA

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For further information concerning this matter, please call:

Frances Fascetti at (631) 464-3077
(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

Francesca Concierge, LLC

2. The Articles of Organization were filed on 8-28-2013 and assigned document number L13000122120

3. The delayed effective date the dissolution if not effective on the date of 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).

I couldn't/didn't get any work/jobs
(personal assistant duties) and
decided to move/relocate to New York
to pursue other opportunities.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

~~Frances~~ Frances Fascetti
14 Fairfield Ave
Dix Hills, NY 11746
(631) 464-3077

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
Frances E. Fascetti

Printed Name
Frances E. Fascetti

FILING FEE: \$25.00

FILED
2014 JAN 16 PM 12:12
CLERK OF STATE
TALLAHASSEE FLORIDA