

113800126710

(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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FILED
2014 MAY -6 PM 12:18
CLERK OF STATE
TALLAHASSEE, FLORIDA

MAY 13 2014
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gypsy Wanderer, 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:

Debby Isley
(Name of Person)

(Firm/Company)

P.O. Box 07355
(Address)

Ft Myers, FL 33919
(City/State and Zip Code)

For further information concerning this matter, please call:

Debby Isley at 239, 209-0690
(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

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TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

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

1. The name of a limited liability company is

Gypsy Wanderer, LLC

2. The Articles of Organization were filed on 9-5-13 and assigned

document number L13000126710

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).

Business Failed.

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

Debby Isley

P.O. Box 07355

Ft. Myers, FL 33919

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

Debby Isley
Printed Name

FILING FEE: \$25.00

2014 MAY -6 PM12:18
CLERK OF STATE
TALLAHASSEE FLORIDA

FILED