

L13000126795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

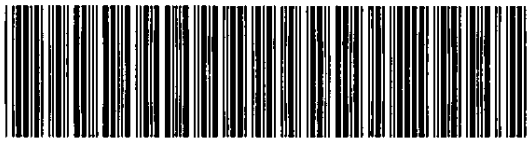
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 JUL 18 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUL 18 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Leaves of Gold Design, LLC

DOCUMENT NUMBER: L13000126795

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Holiday N Hogg
(Name of Contact Person)

Leaves of Gold Design, LLC
(Firm/Company)

267 SW Bass Gln
(Address)

Lake City, FL 32024
(City/State and Zip Code)

For further information concerning this matter, please call:

Holiday N Hogg at (386) 623 5907
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$25 Filing Fee \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy (Additional copy is enclosed) \$60 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Leaves of Edd Design LLC

2. The Articles of Organization were filed on 09/06/2013 and assigned

document number L13000126795

3. The delayed effective date the dissolution if not effective on the date of filing: N/A
(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).

Single person organization. Advised to
go separate route.

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


Holiday N Hogg

267 SW Barrs Gln

Lake City FL 32024

386 623 5907

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

Holiday N Hogg
Printed Name

FILING FEE: \$25.00