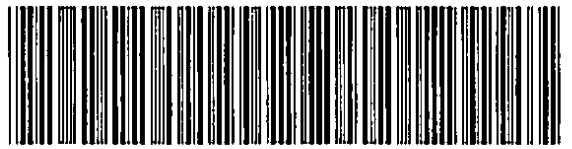


L13000138857



300322871353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Barbara Ann Angels, 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:

Barbara Jeffreys  
(Name of Person)

Barbara Ann Angels, LLC  
(Firm Company)

2160 Sea Mist Court  
(Address)

Vero Beach, FL 32963  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph Siebart, CPA at ( 724 ) 438-7066  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$35.00 Filing Fee and Certificate of Dissolution

\$85.00 Filing Fee, Certificate of Dissolution and  
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  
Barbara Ann Angels, LLC

2. The Articles of Organization were filed on December 4, 2013 9/27/2013 and assigned  
document number L15000138857

3. The delayed effective date the dissolution if not effective on the date of filing: December 31, 2018  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).  
Expiration of Business Activities

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

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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.

*Barbara Jeffreys*  
Signature

Barbara Jeffreys  
Printed Name

**FILING FEE: \$25.00**