

4300176888

(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
2015 APR 16 PM 1:40
TERRY J. GOSWAMI
TALLAHASSEE FL 32310

APR 27 2015
D. B. JOE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Three Little Birds Finance 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:

Lakay Cornell
(Name of Person)

(Firm/Company)

101 Putnam Avenue
(Address)

Hamden CT 06517
(City/State and Zip Code)

For further information concerning this matter, please call:

Lakay Cornell at (904) 525-3702
(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

FILED
2015 APR 16 PM 1:40
TALLAHASSEE, FLORIDA
CLERK OF STATE

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

1. The name of a limited liability company is

Three Little Birds Finance LLC

2. The Articles of Organization were filed on 12/26/13 and assigned

document number L13000176888

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 is closing. We are moving
to another state to pursue different
things.

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:

Lakay N. Cornely
Signature

Lakay N. Cornely
Printed Name

FILING FEE: \$25.00

STATE OF FLORIDA
HALL COUNTY
TALLAHASSEE, FLORIDA

2015 APR 16 PM 1:40

FILED