

L17000 177548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

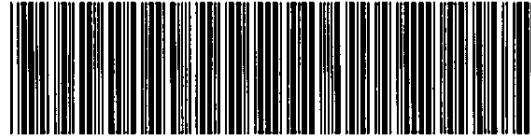
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tianina Marie Bona 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:

Susan Bona
(Name of Person)

(Firm/Company)

403 Celebration Ave
(Address)

Celebration FL 34747
(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Bona at 407, 702 3791
(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

Tiana Marie Bona LLC

2. The Articles of Organization were filed on December²⁷ 2013 and assigned

document number L13000177548

3. The delayed effective date the dissolution if not effective on the date of filing: 2.1.14
(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).

Not able to transfer a personal network marketing
business into an LLC as I thought

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

<u>Susan Bona</u>	FAL	14
<u>403 celebration ave</u>	AND	14
<u>Celebration Pl 34747</u>	CON	14
	DOMA	14

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

Susan Bona
Printed Name

FILING FEE: \$25.00