

470 00177955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

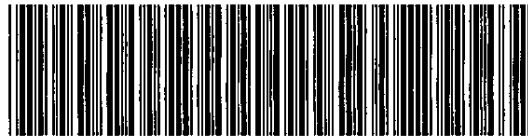
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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04/23/15--01019--027 \*\*25.00

FILED  
15 APR 23 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Stivers APR 30 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Primitiv Creative | Design  
(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:

Wade Carroll

(Name of Person)

Primitiv Creative | Design

(Firm/Company)

6209 Palm Court

(Address)

Panama City, Florida 32408

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Carroll

(Name of Person)

at ( 334 ) 685-1381

(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

Primitiv Creative Design

2. The Articles of Organization were filed on \_\_\_\_\_ and assigned

document number \_\_\_\_\_

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 had major loss the first year, and owner  
will no longer be offering services through LLC.

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

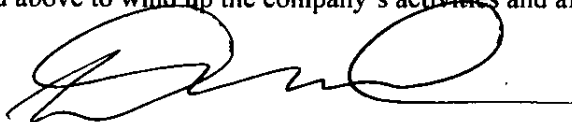
Wade Carroll

6209 Palm Court

Panama City Beach, FL 32409

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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:



Signature

Wade Carroll

Printed Name

**FILING FEE: \$25.00**