L140000 23624

(Re	equestor's Name)		
(Ad	dress)		
(Ad	ldress)		
(City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL	
	siness Entity Nan	· 	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
	(Office Use On	lv	



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SECRETARY OF STATE
TALLAHASSEL FLORIDA

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COVER LETTER

Division of Corporations								
Creating Calm Network Publishing Group LLC								
(Name of Limited Liability Company)								
The enclosed Articles o	f Dissolution and fee(s) are submitte	ed for filing.						
Please return all correspondence concerning this matter to the following:								
Ann	White							
	(Name of Person)							
Creating Calm Network								
(Firm/Company)								
113 Lincoln Avenue								
(Address)								
Sheboygan, WI 53081								
(City/State and Zip Code)								
For further information concerning this matter, please call:								
Ann White		941 at (544-6687x					
	(Name of Person)	(Area Cod	e & Daytime Telephone Number)					
Enclosed is a check for the	following amount:							
₹ \$25.00 Filing Fe	e and Certificate of Dissolution	\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)						

MAILING ADDRESS:

TO:

Registration Section

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 liab Creating Calm Networ	• • •	.LC		
2.	The Articles of Organization	on were filed on 2/11/20	14	and assigned	
	document number L1400	0023629			
3.	. The delayed effective date the dissolution if not effective on the date of 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).				
	Moved out of the state of Florida - no longer doing business in Florida				
5.	If there are no members, er	nter the name and address	of the person appointe	d to wind up the company's	
	activities and affairs:	Ann White			
		113 Lincoln Avenue)		
		Sheboygan, Wi 530)81		
6. lis	Signature of an authorized ted above to wind up the co	person or if there are no r mpany's activities and aff	nembers, the signature fairs:	of the person appointed and	
		Q			
	Signatura	/ L	Ann White	ed Name	

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company:Creating Calm	Network Publishing Group LLC
Document number of Limited Liability Company is:	14000023629
Date of dissolution was: L14000023629	
Description of information that must be included in a	written claim:
Mailing address where claims can be sent: (Claims ca	nnot be sent to the Division of Corporations)
Ann White	A.S.
113 Lincoln Ave	JAN :
Sheboygan, WI 53081	SSS TO THE
A claim against the above named limited liability conclaim is commenced within 4 years after the filing of	npany will be barred unless a proceeding to enforce the
Ann White	An Cell
Printed Name of the Person Filing	Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00