

L14000079461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

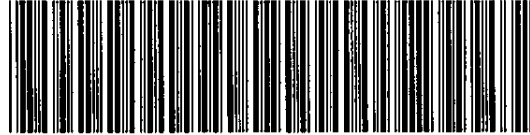
(Business Entity Name)

(Document Number)

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

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15 JAN 26 AM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers FEB 03 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Wikkid Vibes 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:

Crissy Nichols  
(Name of Person)

Wikkid Vibes LLC  
(Firm/Company)

116347 Coco Hammock Way  
(Address)

Fort Myers FL 33908  
(City/State and Zip Code)

For further information concerning this matter, please call:

Crissy Nichols at ( 540 ) 808 7370  
(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

Wikkid Vibes LLC

2. The Articles of Organization were filed on March 10, 2014 and assigned

document number 46-5046433

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).

No profit. Failed to meet goals  
in business plan.

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:

Cissy Miller  
Signature

Cissy Nichols  
Printed Name

**FILING FEE: \$25.00**

FILED  
15 JAN 26 AM 9:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA