

L 14000051238

(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



300269834753

03/17/15--01024--013 **25.00

RECEIVED
15 MAR 17 PM 1:49
DEPT OF TREASURY

15 MAR 17 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVAL
AND
FILED

K. SALY
EXAMINER
MAR 17 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Anchor Yoga 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:

Katherine Devick
(Name of Person)

Anchor Yoga LLC
(Firm/Company)

608 E. 6th Ave
(Address)

Tallahassee, FL 32303
(City/State and Zip Code)

For further information concerning this matter, please call:

Katherine Devick at (850) 567-5283
(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

APPROVED
AND
FILED

15 MAR 17 PM 1:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. The name of a limited liability company is

Anchor Yoga LLC

2. The Articles of Organization were filed on 3/28/2014 and assigned

document number 214000051238

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).

Never started.

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

Katherine Devick

608 E. 6th Ave

Tallahassee, FL 32303

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

Katherine Devick

Printed Name

FILING FEE: \$25.00