# LIVOCOAYAA

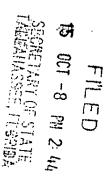
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OCT 09 ZOIS S. YOUNG

### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:

# Ryan Meehan Design, 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:

Ryan Meehan			
(Name of Person)			
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		9	
(Firm/Company)		===	77
5190 WI Pine Way		8	
(Address)	<u> </u>	32	0
Palm Beach Gardens, FL 33418		2: 44	
(City/State and Zin Code)	<del></del>	_	

For further information concerning this matter, please call:

Patricia Torick 772 344-9291
(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						
	Ryan Meehan Design, LLC				·		
2.	The Articles of Organization	on were filed on Febru	uary 2, 2015	and assigned			
	document number L140000	72492					
3.	Note: If the date inserted in	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)  e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not d as the document's effective date on the Department of State's records.					
4.	A description of occurrence 605.0707, Florida Statutes,	e that resulted in the l (copy 605.0707 on ba	imited liability company	y's dissolution pursuant	to section		
	No business.			52	4 7		
				mo.	32 口		
					<del>'''</del>		
					T.		
5.	If there are no members, en activities and affairs:	iter the name and add Patricia Torick	ress of the person appoi	nted to wind up the corr	npany's		
		4652 SW Alpha Stre	eet				
		Port St Lucie, FL 34953-5550					
6. lis	Signature of an authorized ated above to wind up the co	person or if there are mpany's activities an	no members, the signated affairs:	ure of the person appoin	ted and		
	POGULI		Patricia Torick				
Signature		Pı	rinted Name				

FILING FEE: \$25.00