

L14000074018

(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



100272550731

05/04/15--01040--025 **25.00

FILED
15 MAY -4 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WAP 5/11/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MY WEB CONCIERGE,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:

ELSA LLIRALDI

(Name of Person)

MY WEB CONCIERGE,LLC

(Firm/Company)

1771 SUMMER BREEZE WAY

(Address)

SARASOTA, FLORIDA 34232

(City/State and Zip Code)

For further information concerning this matter, please call:

ELSA LLIRALDI

(Name of Person)

at (941) 321-1379

(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
MY WEB CONCIERGE, LLC
2. The Articles of Organization were filed on 05/01/2014 and assigned
document number L14000074018
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).
INSUFFICIENT SALES TO MAINTAIN 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: ELSA LLIRALDI
1771 SUMMER BREEZE WAY
SARASOTA, FLORIDA 34232

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:

Elsa Lliraldi
Signature

ELSA LLIRALDI
Printed Name

FILING FEE: \$25.00

FILED
15 MAY -4 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA