# L14000 80617

(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
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200282751862

03/07/16--01010--004 \*\*25.00



# COVER LETTER.

TO:

Registration Section Division of Corporations

## MY FOUR DAUGHTERS SWEATER COMPANY LLC

SUBJECT: ,	(Name of Limit	ed Liability Company)		
The enclosed	Articles of Dissolution and fee(s) are submitt	ed for filing.		
Please return	all correspondence concerning this matter to	the following:		
	Rachel Wasserlauf			
	(Nan	ne of Person)		
	(Fin	n/Company)		
	3163 Sheridan Avenue (Address)			
	Miami Beach, FL 33140			
	(City/State and Zip Code)			
For further in	formation concerning this matter, please call:			
	Rachel Wasserlauf	917 731-7032 at ()		
	(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a c	theck 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 lia MY FOUR DAUGHTERS		YLLC	·
2. The Articles of Organiza	tion were filed on	5/19/2014	and assigned
document number	00080617		
Note: If the date inserted	in this block does not n		filing:
4. A description of occurrer 605.0707, Florida Statute. The company ceased operat	s, (copy 605.0707 on	back cover letter).	ny's dissolution pursuant to section
5. If there are no members, activities and affairs:		ddress of the person appo f, 3163 Sheridan Avene, Mia	inted to wind up the company's ami Beach, FL 33140
activities and artains.			TARY OF S ATE
6. Signature of an authorize listed above to wind up the o	d person or if there a	re no members, the signal and attairs:	ture of the person appointed and
Rhelul L	1	Ra	nchel Wasserlauf
Signature		P	rinted Name

**FILING FEE: \$25.00**