L1400103525

(Re	equestor's Name)		
(Ad	dress)		
(Ad	ldress)		
(Ci	ty/State/Zip/Phone) #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne) '	
(Document Number)			
Certified Copies Certificates of Status		of Status	
Special Instructions to	Filing Officer:		

Office Use Only



100264721091

09/29/14--01029--018 **25.00



OCT 0 2 2014
), BRUCE

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Believe In Your Dreams, 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:			
Jess Williams (Name of Person)			
,,			
Believe In Your Dreams, LLC (Firm/Company)			
(Firm/Company)		2814	
P.O. Box 8521	1000 1000 1000 1000 1000 1000 1000 100	2814 SEP 29	į
P.O. BOX 8521 (Address)	**************************************	29	
Macleira Beach, FZ 33738 (City/State and Zip Code)	30	P	
(City/State and Zip Code)		PM 1: 55	Ú
For further information concerning this matter, please call:		ស	
Jess Williams at (727) 433-537- (Name of Person) (Area Code & Daytime Telephone Number	7		
(control of the state of the st	• •		
Enclosed is a check for the following amount:			
\$25.00 Filing Fee and Certificate of Dissolution \$55.00 Filing Fee. Certificate of Dissolution &	Ż		

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

Certified Copy (additional copy is enclosed)

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is		
	Believe In Your Dreams, LLC.		
2.	The Articles of Organization were filed on June 27, 2014 and assigned document number <u>L14000 103528</u>		
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).		
	Decided to do business as sole proprietor.		
5.	If there are no members, enter the name and address of the person appointed to wind up the company's		
	activities and affairs: Jess Williams 5		
	P.o. Box 8521		
	Madeira Beach, FZ 33738		
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:		
	Signature Jess Williams		

FILING FEE: \$25.00