# 400009825

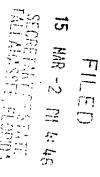
(Requestor's Name)						
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MAR 1 7 2015 S. YOUNG

### **COVER LETTER**

SUBJECT:	Ink & Gamut, LLC (Name of Limited Liability Company)	
The enclosed	d Articles of Dissolution and fee(s) are submitted for filing.	
Please return	n all correspondence concerning this matter to the following:	
	Melanie Rodriguez	
	<del> </del>	
	Ink & Gamut	
	47 Water Street	[ASS <b>5</b>
	(Address)	FILL PACKET PACK
	Quincy, MA 02169	
	(City/State and Zip Code)	
For further in	nformation concerning this matter, please call:	90.5 90.5 4.5 5.5 5.5 5.5 5.5 5.5 5.5 5.5 5.5 5
M	elanie Rodriguez 347 439-7789	
	(Name of Person) (Area Code & Daytime Tel	lephone Number)
Enclosed is a	check for the following amount:	
<b>✓ \$</b> 25	6.00 Filing Fee and Certificate of Dissolution   \$55.00 Filing Fee, Certificate of Certified Copy (additional co	

# **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 liabilink & Gamut, LLC	ity company is		SHEAR	·•			
2.	The Articles of Organizatio	n were filed on 7/15/2	015	and assigr	ned			
	document number L14000	109875	<del></del>					
3.	The delayed effective date to (effective	he dissolution if not eff date cannot be prior to or m	ective on the date ore than 90 days later t	of filing. than date document is re	ceived 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).  Relocation to Quincy, Massachusetts							
	nelocation to Quincy, N	iassacriusetts						
			······································		ECPI			
		0 To Without and			表示。 -2			
	If there are no members, enactivities and affairs:	s of the person app	pointed to wind up t	he company's 1				
		47 Water Street, C	Quincy, MA 021	69	981 5			
6.	Signature of an authorized pated above to wind up the con	person or if there are no	members, the sign	nature of the person	appointed and			
lis	ted above to wind up the con	apany's activities and a	ffairs:	-	••			
<u></u>	ulanie Ro	digit	Melanie Rod	riguez Printed Name				
		FILING:	FEE: \$25.00	- tanke i fully				