

24000111444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

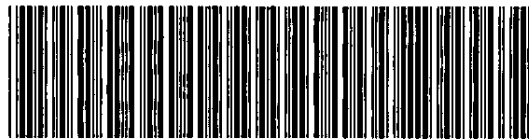
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/20/14--01006--009 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 NOV 20 PM 1:29

FILED

DEC 03 2014
J. BRUCE

EFFECTIVE DATE 11/24/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shopaholics Paradise 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:

Robin Brown

(Name of Person)

Shopaholic Paradise LLC

(Firm/Company)

1439 Classic Oak Rd. W

(Address)

Jacksonville, FL, 32225

(City/State and Zip Code)

For further information concerning this matter, please call:

Robin Brown

(Name of Person)

904

at ()

477-7666

(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

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TALLAHASSEE FLORIDA
CLERK OF STATE

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
Shopaholic Paradise LLC
2. The Articles of Organization were filed on July 11, 2014 and assigned
document number L14000111649
3. The delayed effective date the dissolution if not effective on the date of filing: Nov. 24, 2014
(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).
On-line business did not take off as expected
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Robin Brown

1439 Classic Oak Rd. W

Jacksonville, FL 32225
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:

Robin Brown
Signature

Robin Brown
Printed Name

FILING FEE: \$25.00

FILED
2014 NOV 20 PM 1:30
CLERK OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 11/24/14