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(Re	equestor's Name)			
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(City/State/Zip/Phone #)				
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TALLAHASSEE, FI OPINA



FLORIDA DEPARTMENT OF STATE TALLAMASSET FLORIDA

April 20, 2016

CAROLYN GRAY 1711 OLD BEACH ROAD ST. AUGUSTINE, FL 32080

SUBJECT: GIVE A LIFE ARTISTRY, LLC

Ref. Number: L14000114658

We have received your document for GIVE A LIFE ARTISTRY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide address on #5 of application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 716A00008112

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COVER LETTER

TO:

Registration Section Division of Corporations

SUBTRATE

GiveALifeArtistryLLC

(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:

Carolyn Gray	—· —
(Name of Person)	ALC G
GiveALifeArtistry`	AREAS T
(Firm/Company)	2 - SEE - SE
1711 Old Beach Road	
(Address)	
St. Augustine, FL 32080	05 10A
(City/State and Zip Code)	

For further information concerning this matter, please call:

Carolyn Gray

904

827-7719

(Name of Person)

(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 GiveALifeArtistryLLC	ty company is	·		
2.	The Articles of Organization	were filed on July 21, 2014 and assigned			
	document number L1400011	4658			
3.	Note: If the date inserted in the	ne dissolution if not effective on the date of filing: August 25, 201: date cannot be prior to or more than 90 days later than date document is received his block does not meet the applicable statutory filing requirements, this dive date on the Department of State's records.	iorning)		
4.	A description of occurrence 605.0707, Florida Statutes, (escription of occurrence that resulted in the limited liability company's dissolution pursuant to section 0707, Florida Statutes, (copy 605.0707 on back cover letter).			
	Changed from a LLC to a sole proprietorship, but kept same name GiveALifeArtistry.				
			TAL SE		
5.	If there are no members, ent activities and affairs:	er the name and address of the person appointed to wind up the co	ASSET I		
		1711 Old Beach Rd.	3 [
		St. Augustine, FL 32080	# 05		
6. lis	Signature of an authorized p ted above to wind up the con	erson or if there are no members, the signature of the person apporany's activities and affairs:	inted and		
(awlyn Lyng Signature	- Capolyn GRA Printed Name (4		

FILING FEE: \$25.00