L14000118889

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE

PEC 1 2 2014

T. HAMPTON

COVER LETTER

TO:		istration Section sion of Corporations			
SUBJE	CT:	Ghost Pepper Creative, LLC			
(Name of Limited Liability Company)					
		Articles of Dissolution and fee(s) are submitted all correspondence concerning this matter to the	-		
		Alejandro Perez			
(Name of Person)					
Ghost Pepper Creative, LLC					
		(Firm/	Company)		
		4150 Eastgate Dr, Apt 3401			
(Address)					
		Orlando, Florida 32839			
		(City/State	and Zip Code)	 	
For furt	her ii	nformation concerning this matter, please call:			
	Αŀ	ejandro Perez	407	738-9567	
		(Name of Person)	(Area C	ode & Daytime Telephone Number)	
Enclosed	d 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 company is Ghost Pepper Creative, LLC				
2.	The Articles of Organization were filed on 07/29/2014 and assigned				
	document number <u>L14000118889</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).				
	Created an LLC, but just wanted to change the name of our current business name				
	Pink Salt Creative, LLC to Ghost Pepper Creative, LLC and keeping the same				
	Tax ID number. I have no intention of revoking this voluntary dissolution.				
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:				
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:				
	Alejandro Perez				
_	Signature Printed Name				
	FILING FEE: \$25.00 PM 7				

TALLAHASSEE, FLORIDA