

L14000122442

(Requestor's Name)

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(Address)

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(Business Entity Name)

(Document Number)

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FILED
15 MAY -4 PM 12:20
CLERK OF STATE
TALLAHASSEE, FLORIDA

MAY - 7 2015

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AT A BLINK OF AN EYE SERVICES 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:

LASHAWND LEE

(Name of Person)

AT A BLINK OF AN EYE

(Firm/Company)

2791 62ND TER. N APT A

(Address)

ST. PETERSBURG, FL. 33702

(City/State and Zip Code)

For further information concerning this matter, please call:

LASHAWNDA LEE

(Name of Person)

at (727) 342-4675

(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**

FILED
15 MAY -4 PM 12:20
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
AT A BLINK OF AN EYE SERVICES LLC

2. The Articles of Organization were filed on AUGUST 5, 2014 and assigned
document number 14000122442

3. The delayed effective date the dissolution if not effective on the date of filing: APRIL, 30, 2015
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
listed as the document's effective date on the Department of State's records.

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).

THE COMPANY IS NOT PICKING OF BUSINESS, AND THE OWNER REALIZE SHE IS
NOT EQUIPPRD TO HANDLE THE DUTIES AT THIS TIME DUE TO HEALTH ISSUES.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: LASHAWNDA LEE, 2791 62ND TER. N APT. A ST.PETERSBURG, FL

33702

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:


Signature

LASHAWNDA LEE

Printed Name

4/29/15

FILING FEE: \$25.00