

L14000131369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800282438658

02/25/16--01009--027 **25.00

FILED
2016 MAR 17 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FL 32307

K. SALY
EXAMINER
MAR 22



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 26, 2016

DENISE DESMOND
9146 PERTH RD.
LAKE WORTH, FL 33467

SUBJECT: DIVORCE MEDIATION, LLC
Ref. Number: L14000131369

2016 MAR 17 PM 12:10
TALLAHASSEE, FL 32304

We have received your document for DIVORCE MEDIATION, 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):

A Statement of Termination may be filed after the limited liability company has completed winding up and after a voluntary dissolution has been filed with this office. See section 605.0709(7), Florida Statutes for reference.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 116A00004084

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Divorce Mediation 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:

Denise Desmond
(Name of Person)

(Firm/Company)

9146 Perth Rd
(Address)

Lake Worth, FL 33467
(City/State and Zip Code)

For further information concerning this matter, please call:

Denise Desmond at (561) 441-5581
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution
Previously paid

☐ \$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
2016 MAR 17 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is _____

Divorce Mediation, LLC

2. The Articles of Organization were filed on 8/21/2014 and assigned

document number L14000131369

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)

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 LLC is no longer conducting business

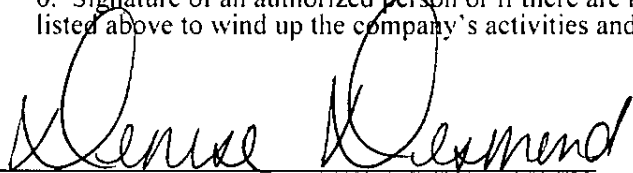
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: _____

Denise Desmond

9146 Perth Rd

Lake Worth FL 33467

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

Denise Desmond
Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Divorce Mediation LLC

Document number of Limited Liability Company is: L14000131369

Date of dissolution was: 12/31/2014

Description of information that must be included in a written claim:

Name, Address, phone number
Amount of claim, Date claim incurred

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

9146 Perth Rd
Lake Worth FL 33467

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Denise Desmond

Printed Name of the Person Filing

Denise Desmond

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

FILED
2016 MAR 17 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA