L14000138706

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

S Warren MAY - 2 2017

COVER LETTER

	ration Section on of Corporations	
SUBJECT:	Positively Magickal, LLC (Name of Limited	Liability Company)
The enclosed A	rticles of Dissolution and fee(s) are submitted	for filing.
Please return all	correspondence concerning this matter to the	following:
	Lisa Demczuk	of Person)
	(Firm/C	Company)
	1025 S. Beach St. A	pt 33
	Daytona Beach. Fl	
For further info	rmation concerning this matter, please call:	
Lis	(Name of Person)	at (860) 966-4453 (Area Code & Daytime Telephone Number)
Enclosed is a chec	ck 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
	Positively Magickal, LLC
2.	The Articles of Organization were filed on $\frac{a}{12014}$ and assigned
	document number <u>L1400013870</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) 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).
	Not enough capital monies to invest in ongoing business. Personal
	bills not getting paid. Had to find a job (full time). Had to
	close the business. There are no unpaid creditors or outstanding
	debts for this 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: USa Demozuk
	1025 S. Beach St. Apt 33
	Daytona Beach, fl 32114
	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
,	Lisa Demozik
(
7	Signature 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: Posthvely Magickal, UC
Document number of Limited Liability Company is: L 14 000 13870 6
Date of dissolution was: 9 30 2016
Description of information that must be included in a written claim:
Company Name: Amount owed: incurral date of bill/debt
Company Name: Amount owed: Incural date of bill/debt. Detail Listing/explanation of amount due.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
1025 S. Prach St Apt 33
Alth Usa Democuk
Alth Usa Democuk Daytona beach, Fl 32114 Daytona beach, Fl 32114 Daytona beach, Fl 32114
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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.

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

Printed Name of the Person Filing