

L14000 179789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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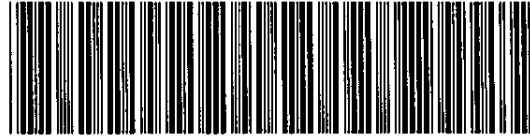
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pampered Life 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:

Shane G. Abbott
(Name of Person)

Pampered Life LLC
(Firm/Company)

1061 South 2nd Street
(Address)

Defuniak Springs, FL 32435
(City/State and Zip Code)

For further information concerning this matter, please call:

Shane G. Abbott at (850) 333-0747
(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 company is

Pampered Life LLC

2. The Articles of Organization were filed on September 08 2014 and assigned

document number L14000139789

3. The delayed effective date the dissolution if not effective on the date of filing: 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).

Members agreed to dissolve because business wasn't able
to find business success and get established. Members did not
have the time and resources to continue development of
business and it was not making a profit.

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

Shane G. Abbott
Printed Name

FILING FEE: \$25.00