

**L15000028719**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**000293303130**

12/23/16--01020--007 \*\*25.00

**FILED**

**17 JAN 19 PM 4:41**

**CLERK OF SUPERIOR COURT**

**O SIMMONS**

**JAN 20 2017**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 10, 2017

SALLY OSTEEN  
5650 MARYS VILLA RD  
GROVELAND, FL 34736

We have received your document for MICHAELS RESALE SHOP LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please list a description of information that must be included to file a written claim or remove 2nd page which is optional to file.

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.

Octavia I Simmons  
Regulatory Specialist II

Letter Number: 317A00000554

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Michael's Resale Shop, 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:

Sally DSTEEN  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

5650 Marys Villa Rd  
(Address)

GROVELAND, FL 34736  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sally DSTEEN at ( 321 ) 297-2579  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 27, 2016

SALLY OSTEEN  
5650 MARYS VILLA RD  
GROVELAND, FL 34736

SUBJECT: MICHAELS RESALE SHOP LLC  
Ref. Number: L15000028719

RECEIVED  
2017 JAN - 6 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for MICHAELS RESALE SHOP 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):

Please list description of information that must be included in a written claim.

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.

Octavia I Simmons  
Regulatory Specialist II

Letter Number: 716A00027465

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Michael's Resale Shop LLC

2. The Articles of Organization were filed on 2/10/15 and assigned

document number L15000028719

3. The delayed effective date the dissolution if not effective on the date of filing: 12/1/16  
(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).

Closed Store. No New Inventory.

ALL inventory was donated.

Everything is gone, business has been closed.

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

Sally Osteen

5650 Marys Villa Rd

Groveland Fl 34736

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:

Sally Osteen  
Signature

SALLY OSTEEN  
Printed Name

**FILING FEE: \$25.00**

FILED

17 JAN 19 PM 4:41  
SHERIFF'S OFFICE  
TALLAHASSEE, FLORIDA