

L15 00025797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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300408692703

05/25/22--01011 --010 \$25.00

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*[Handwritten signature]*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Color Black, 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:

Gregory A. Schwartzenberger

(Name of Person)

c/o Hotel Palms

(Firm/Company)

28 Sherry Drive

(Address)

Atlantic Beach, FL 32233

(City/State and Zip Code)

For further information concerning this matter, please call:

Ruth K. McDonald

(Name of Person)

904

280-5575

at (

(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

1. The name of a limited liability company is

The Color Black, LLC

2. The Articles of Organization were filed on 02/16/2015 and assigned

document number L15000028797

3. The delayed effective date the dissolution if not effective on the date of filing: N/A  
(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 dissolution is pursuant to the written approval of all Members in accordance with Section 11 of the

Operating Agreement of the limited liability company

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

c/o Hotel Palms

28 Sherry Drive

Atlantic Beach, FL 32233

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:

Ruth K. McDonald  
Signature

Ruth K. McDonald

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: The Color Black, LLC

Document number of Limited Liability Company is: L15000028797

Date of dissolution was: \_\_\_\_\_

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

Name and contact information of claimant  
\_\_\_\_\_

Amount claimed  
\_\_\_\_\_

Basis for purported claim  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Gregory A. Schwarzenberger

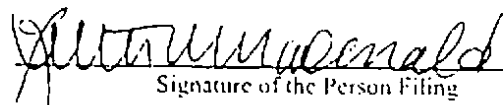
c/o Hotel Palms

28 Sherry Drive

Atlantic Beach, FL 32233

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.

Ruth K. McDonald  
Printed Name of the Person Filing

  
Signature of the Person Filing