

L15000028807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

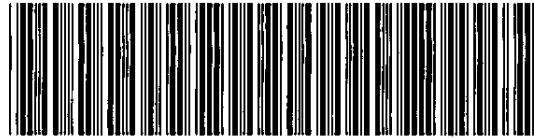
(Document Number)

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2015 OCT -8 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2015 OCT -8 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

OCT 12 2015

# SUNSHINE CORPORATE & FILING SERVICES, INC.

3458 Lakeshore Drive  
Tallahassee, Florida 32312  
(850) 656-4724

COVER LETTER

DATE: 10-9

WALK IN

*Refile*

ENTITY

NAME: Let's Talk About Sex, LLC

PLEASE FILE THE ATTACHED AND RETURN:

☒ PLAIN COPY  
☐ CERTIFIED COPY

CHECK # prepaid  
AMOUNT: \_\_\_\_\_

PLEASE CONTACT TINA AT 850-508-1891 FOR FURTHER  
INFORMATION ON THIS MATTER!

THANK YOU SO MUCH!!

TINA GOFF, PRESIDENT  
SUNSHINE CORPORATE & FILING SERVICES, INC.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 9, 2015

SUNSHINE CORPORATE & FILING SERVICES, INC.

SUBJECT: LET'S TALK ABOUT SEX, LLC  
Ref. Number: L15000028807

*corrected  
Refile*

We have received your document for LET'S TALK ABOUT SEX, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed 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: 615A00021406

RECEIVED  
2015 OCT -9 PM  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LET'S TALK ABOUT SEX, 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:

HARBOR COMPLIANCE

(Name of Person)

HARBOR COMPLIANCE

(Firm/Company)

48-50 W. CHESTNUT ST., STE 301

(Address)

LANCASTER, PA 17603

(City/State and Zip Code)

For further information concerning this matter, please call:

HARBOR COMPLIANCE

(Name of Person)

at ( 717 ) 723-9317  
(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

FILED  
2015 OCT -8 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

LET'S TALK ABOUT SEX, LLC

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

document number L15000028807

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).

Dissolution of the LLC was authorized upon the written consent of all of the members 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:

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

TRACEY SCHNITTMAN  
Printed Name

FILING FEE: \$25.00