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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
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(Do	ocument Number)	1
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Organitude LLC (Name of Limited Liability Company)			
(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:			
SUSAN R CZGG			
(Timbo of 1 (150h))			
Organitude LLC (Firm/Company)			
(Firm/Company)			
2006 Southanton Drive			
2886 Southampton Prive			
14 111 1			
Middleburg Florida, 3068 (City/State and Zip Code)			
(Chyromic and Exp Code)			
For further information concerning this matter, please call:			
Susan 12 Czq q at (904) 729-338> (Name of Person) (Area Code & Daytime Telephone Number)			
(Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee and Certificate of Dissolution			
Certified Copy (additional copy is enclosed)			
MAILING ADDRESS: STREET/COURIER ADDRESS:			
Registration Section Registration Section			
Division of Corporations Division of Corporations			
P.O. Box 6327 Clifton Building			
•			
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301			

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is
	Organitude LLC
2.	The Articles of Organization were filed on March 19, 2015 and assigned
	document number <u>L 15 0000 49617</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: November 1, 2016 (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).
	Failure to make a reasonable prodit.
	6
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs:
	<u> </u>
	
6. lis	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:
	Signature 10-4-16 Printed Name
	Signature Printed Name

FILING FEE: \$25.00