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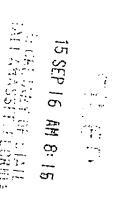
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Special Instructions to	Filing Officer:	





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SEP 17 2015 J SHIVERS

### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: DUST BUNNY MOIDS 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:

JODY VOYGOS
(Name of Person)

DUST BUNNY MOIOS: LLC
(Firm/Company)

15131 COPPEY DOP
(Address)

Brooks VIIIE FL 34404
(City/State and Zip Code)

For further information concerning this matter, please call:

JOOY VOYAGA (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  DUST BUNNY MOIDS, LLC
2. The Articles of Organization were filed on JULY 22, 2015 and assigned
document number <u>L 15000125</u> 190
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).
seperate ways to persue
different types of occupations
5. If there are no members, enter the name and address of the person appointed to wind up the company activities and affairs:
Jaay vargas lauthorized
PCISO(1
15131 Cooper Laux Brooksville ft 34604
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:
Jady Varga Signature Jady Varga S

FILING FEE: \$25.00