

L15000179186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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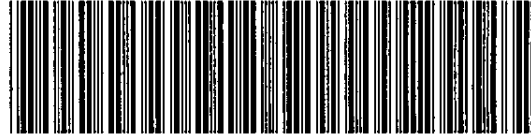
(Business Entity Name)

(Document Number)

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2016 JAN 25 PM 2:56
CLERK OF COURT
FALL HARBOR, FL 33907

K. SALY
EXAMINER
JAN 27

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chrysalis Academy of the Arts and Sciences
(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:

Karen McMillan
(Name of Person)
7480 SW Environmental Lab St
(Firm/Company)
Arcadia, FL 34266
(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

Karen McMillan at (941) 268 3734
(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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

Academy
Chrysalis School of the Arts and Sciences

2. The Articles of Organization were filed on 10-16-2015 and assigned

document number L15000179186

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).

Never opened this business/school

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

Karen McMillan

7480 SW Environmental Lab St

Arcadia, FL 34266

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:

Karen McMillan
Signature

KAREN McMILLAN
Printed Name

FILING FEE: \$25.00