

LI5000190756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/22/16--01028--030 **25.00

AUG 23 2016

S. YOUNG

16 AUG 22 PM 4:57

ST. LOUIS
FALLS
MISSOURI


8-16-2016

Division of Corporations;

Please acknowledge the request to dissolve
the company, Artisan Wood Creations LLC.

My contact information is : (residence)

Kurt Brady
811 Orangewood Ave
DeLand FL 32724
386-490-0463

Thank you,


RECEIVED
DIVISION OF CORPORATIONS
15 AUG 22 PM 4:57

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Artisan Wood Creations, 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:

Shivon Patel, Esq.

(Name of Person)

The Principal Law Firm, P.L.

(Firm/Company)

4907 International Parkway, Suite 1061

(Address)

Sanford, Florida 32771

(City/State and Zip Code)

For further information concerning this matter, please call:

Shivon Patel, Esq.

(Name of Person)

at (407) 322-3003

(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

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FILED
CLERK OF COURT
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

Artisan Wood Creations, LLC

2. The Articles of Organization were filed on November 10, 2015 and assigned

document number L15000190756

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)

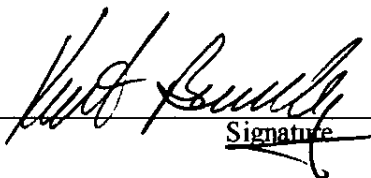
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

The partners have mutually decided to cease operating the business and the company is no longer engaging
in any business activities.

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

Kurt Brady, MGR

Printed Name

FILING FEE: \$25.00

16 AUG 22 PM 4:57

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS