

# L15 000193225

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

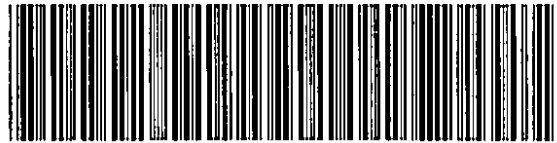
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000346815690

06 JUN 20 10:00 AM

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL

2020 JUN 26 PM 5:24

D. BRUCE  
AUG 13 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bonnie Morse Mosaics, 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:

Bonnie M. Morse  
(Name of Person)  
Bonnie Morse Mosaics, LLC  
(Firm/Company)  
488 Summerfield Way  
(Address)  
Venice, FL 34292  
(City/State and Zip Code)

For further information concerning this matter, please call:

Bonnie M. Morse at 352, 318-099  
(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 JUN 26 PM 5:24

FILED

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

1. The name of a limited liability company is

Bonnie Morse Mosaics, LLC

2. The Articles of Organization were filed on November 16, 2015 and assigned

document number L15000193225

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).

Consent of all members.

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:

Bonnie M. Morse  
Signature

Bonnie M. Morse  
Printed Name

**FILING FEE: \$25.00**

2020 JUN 26 PM 5:24  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED