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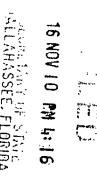
(Re	questor's Name)				
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COVER LETTER

TO:

Registration Section Division of Corporations

SUD IFCT.

Law Office of Erin Rohan Smith, PLLC

(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:

Erin Rohan Smith

(Name of Person)

Law Office of Erin Rohan Smith

(Firm/Company)

1093 A1A Beach Blvd. #539

(Address)

Saint Augustine, FL 32080

(City/State and Zip Code)

For further information concerning this matter, please call:

Erin Rohan Smith

_904

326-6168

(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 liabi Law Office of Erin Rohan Sm						
2.	The Articles of Organization	on were filed on 01/06/	2016 and assign	ed	_		
	document number L1600000	04667					
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 605.0707, Florida Statutes, 6	that resulted in the ling (copy 605.0707 on back)	mited liability company's dissolution purk cover letter).	rsuant to s	ection		
	<u>-</u>			.~ g			
				E CAN	NON 91		
5.	If there are no members, en activities and affairs:	ter the name and addre	ess of the person appointed to wind up th	ie compan		F	
		Upchurch, Bailey and	Upchurch, P.A.	FLOR			
		P.O. Drawer 3007		<u>ŏ</u>			
		St. Augustine, FL 32084-3007					
6. lis	Signature of an authorized peter above to wind up the cor	person or if there are n npany's activities and	o members, the signature of the person a affairs:	ppointed a	and		
_	Signature	WAX	Erin Rohan Smith Printed Name				

FILING FEE: \$25.00