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(Re	equestor's Name)			
(Ac	ldress)	<u></u>		
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(Cir	ty/State/Zip/Phone	<del>: #)</del>		
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K. SALY EXAMINER

MAR 15

Registration Section

**Division of Corporations** 

P.O. Bx. 6327

Tallahassee, FL 32314

Re: Dissolution of L.L.C. - Purple Robes L.L.C.

Thank you for processing my request to dissolve the recently created LLC. Purple Robes, L.L.C.

There were some errors in its creation and it is easier to just dissolve it than correct them.

Thank you,

Jeffrey Xander Vodre'

3627 SW 87th. Dr.

Gainesville, FL 32608

(352) 514-7937

### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Purple Robes L.L.C.

(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:

Jeffrey Vodre'	
(Name of Person)	
(Firm/Company)	
3627 SW 87th. Dr.	
(Address)	
Gainesville FL 32608	
(City/State and Zip Code)	

For further information concerning this matter, please call:

Jeffrey Vodre'

(Name of Person)

at (352)
(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

,	ARTICLES OF DIS	SOLUTION	Control of the contro	
	FOR A LIMITED LIABILIT	TY COMPANY		15.
			201c .	$\cdot \in \mathcal{L}$
The name of a limited liab	ility company is		ZUID MAR 14	<b>&amp;</b>
Purple Robes L.L.C.			rall-large in	ΓF; 2:
		<u> </u>	TALL ATASSE	FSIL,
The Articles of Organization	on were filed on 2/26/2016		2016 MAR 14  TATLAMA SSEE	$F_{I}(\hat{g}_{HI})$
			and aborgined	
document number L160000	)40999			
The delayed effective date	the dissolution if not effective date cannot be prior to or more that	e on the date of filin	g:	iling
	this block does not meet the app			
	ctive date on the Department of		•	
A description of occurrence	e that resulted in the limited l (copy 605.0707 on back cove	iability company's (	dissolution pursuant to	section
·	nitted incorrectly and one of the a	•	amaad	
The company name was suon	inten incorrectly and one of the a	iddresses fisted has cit	anged.	
There is currently no active h	usiness interest to be affected so	eather than amond we	request it he dissolved	
			request it be dissolved.	
If there are no members, er	nter the name and address of t	he person appointed	to wind up the compa	inv's
	Jeffrey Vodre'	no porson appointed	to whice up the compe	, 5
activities and affairs:				
	3627 SW 87th, Dr.			
		<del>.</del>		
	Gainesville FL 32608			
Signature of an authorized	person or if there are no mem	nbers, the signature of	of the person appointed	d and
sted above to wind up the co	mpany's activities and affairs	<b>;</b> :		
Seffer X Vin	Il Je	ffrey Xander Vodre'		
Signature	-	Printe	ed Name	
	FILING FEE	: \$25.00		