

L/6000057333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

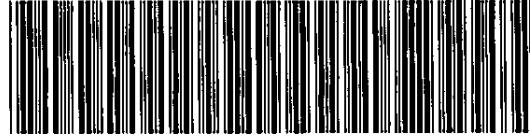
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/31/16--01043--029 **25.00

FILED
2016 OCT 31 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
NOV - 2 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Central Florida Artistry, 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:

Deborah Waldo
(Name of Person)
Central Florida Artistry, LLC
(Firm/Company)
3812 Walker Shores Dr.
(Address)
Bartow, FL 33830
(City/State and Zip Code)

For further information concerning this matter, please call:

Deborah Waldo at (863) 205-8735
(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**

FILED
2016 OCT 31 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Central Florida Artistry, LLC

2. The Articles of Organization were filed on March 16, 2016 and assigned

document number L16000057333

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).

We came to the decision to close our
company because there was no work coming
in and it was a loss.

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

Deborah Waldo
3812 Walker Shores Dr.
Bartow, FL 33830

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:

Deborah Waldo
Signature

Deborah Waldo
Printed Name

FILING FEE: \$25.00