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N. CAUSSEAUX MAR 1 6 2018

## **COVER LETTER**

	egistration Section Division of Corporations								
SUBJECT		ed Liability Company)							
	sed Articles of Dissolution and fee(s) are submitt	_							
Please retu	arn all correspondence concerning this matter to t	the following:							
	JENNIFER M LOGGINS								
	(Name of Person)								
	WAGGONER & BRUEHL, P.A. (Firm/Company)								
	5400 PINE ISLAND ROAD, SUIT	E D							
		Address)							
	BOKEELIA, FL 33922	17. (-1)							
	(City/Sta	te and Zip Code)							
For further	r information concerning this matter, please call:								
_	Jennifer Loggins	at ( 239 ) 283-0988  (Area Code & Daytime Telephone Number)							
	(Name of Person)	(Area Code & Dayunie Telephone Number)							
	s 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	STREET/COURIER ADDRESS: Registration Section							
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301							

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The nan	ne of a lim	iited liabilit	y company is					
ALL A	BOUT THI	E BOO, L	ĽС					<u> </u>
2. The Art	icles of O	rganization	were filed on	March	23 <b>,</b> 20	16	and assi	gned
docume	nt number	L1600	0058836					
Note:	f the date i	effective d nserted in th	e dissolution in ate cannot be price is block does no we date on the D	or to or more t t meet the ap	han 90 da oplicable	ys later than o statutory fil	date document is	received for filing) is, this date will not b
4. A descr 605.070	iption of o 7, Florida	sccurrence t Statutes, (c	hat resulted in opy 605.0707	the limited on back co	l liability ver lette	/ company r).	's dissolution	pursuant to sectior
Stagn	ant Bus	iness Gr	owth - The	members	of th	ne compa	ny agree t	o voluntarity
disso	lve the	limited	liability	company	and f	eel tha	t the comp	any is not
growi inten		anding o	r performi	ng the s	ervice	e for wh	ich it was	originally
5. If there	are no me	mbers, ente	r the name and	d address of	f the per	son appoin	ted to wind up	the company's
activitie	s and affa	irs:	<u>Lawton D</u>	Loggins,	Autho	orized M	ember	
					•			
6. Signatu listed abov	re of an au	ithorized pe up the com	erson or if ther pany's activiti	e are no me es and affa	embers, i	he signatu	re of the perso	on appointed and
	/ .	L	yund					
tast	sur Si	gnature	ymo		LAWTO		GINS, Auth nted Name	orized Member

**FILING FEE: \$25.00** 

## Electronic Articles of Organization For Florida Limited Liability Company

L16000058836 FILED 8:00 AM March 23, 2016 Sec. Of State ccave

### Article I

The name of the Limited Liability Company is: ALL ABOUT THE BOO, LLC

#### **Article II**

The street address of the principal office of the Limited Liability Company is:

6549 MONTERAY DRIVE BOKEELIA, FL. 33922

The mailing address of the Limited Liability Company is:

P.O. BOX 261 BOKEELIA, FL. 33922

### **Article III**

The name and Florida street address of the registered agent is:

LAWTON D LOGGINS 6549 MONTERAY DRIVE BOKEELIA, FL. 33922

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: LAWTON D LOGGINS