

L16000076951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
CORPORATION

MAY 01 2017  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ivory Avenue  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Madina Robinson  
Name of Person

Firm/Company

7400 Powers Ave Apt 443  
Address

Jacksonville FL  
City/State and Zip Code

mrc2003@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Madina Robinson at (318) 267-7574  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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

1. The name of a limited liability company is

Ivory Avenue

2. The Articles of Organization were filed on 4/23/16 and assigned

document number L16000076951

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).

Business never got up & running

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

Madina Robinson

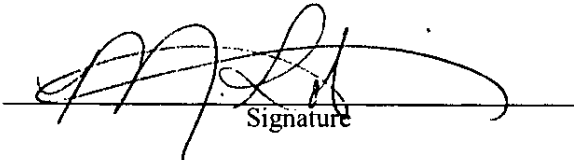
7400 Powers Ave

Apt 443

Jacksonville FL 32217

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DIVISION OF CORPORATIONS

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:

  
Signature

Madina Robinson  
Printed Name

**FILING FEE: \$25.00**