

L16000103445

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Dissolution

1.

Wild Thing Unzipped LLC
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wild Thing Unzipped 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:

Gayle Aiken, Paralegal

(Name of Person)

Honigman Miller Schwartz and Cohn LLP

(Firm/Company)

2290 First National Building

(Address)

Detroit, MI 48226

(City/State and Zip Code)

For further information concerning this matter, please call:

Gayle Aiken

(Name of Person)

313 465-7208

at (

) (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 liability company is
Wild Thing Unzipped LLC
2. The Articles of Organization were filed on May 26, 2016 and assigned
document number L16000103445
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).
The limited liability company has had no members for over 90 consecutive days.

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

2424 North Federal Highway, Suite 101

Boca Raton, Florida 33431

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

Tammy Hobbs, Manager

Printed Name

FILING FEE: \$25.00

FILED
16 OCT 31 AM 8:55
CLERK OF STATE
TALLAHASSEE, FLORIDA