16002586

(Requestor's Name)	
(Address)	
(Address)	
(City (Chata / Zir (Dhana 40	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(======, ====,	
(Document Number)	
Certified Copies Certificates of Status	
Control of the contro	
Special Instructions to Filing Officer:	

Office Use Only



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02/08/17--01002--025 **60.00

EFFECTIVE DATE

FEB 2 3 2017 S. YOUN 2017 FEB -7 PH 4: 50

SECRETARY OF STATE TARY OF STATE TARY OF STATE

FLORIDA DEPARTMENT OF STATE **Division of Corporations**

February 8, 2017

BONNIE JOHNSON 5 E WHALLON STREET MAYVILLE, NY · 14757

SUBJECT: INK WITCHES LLC Ref. Number: L16000205806

We have received your document for INK WITCHES LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

YOU NEED TO FILE A DISSOLUTION TO MAKE THIS COMPANY INACTIVE

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 417A00002578

COVER LETTER

TO: Registration Section Division of Corporations

FCT. Dissolving Fraudulent LLC Filing

(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:

BONNIE JOHNSON (Name of Person)			
5 E WHALLON ST			
(Address)			
MAYVILLE, NY 14757			
(City/State and Zip Code)			

For further information concerning this matter, please call:

Bonnie Johnson

,,,716 \, 753-743

(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

1.	The name of a limited liability company is INK WITCHES LLC	
2.	. The Articles of Organization were filed on	and assigned
	document number L16000205806	
3.	The delayed effective date the dissolution if not effective date cannot be prior to or more to Note: If the date inserted in this block does not meet the applisted as the document's effective date on the Department of	nan yo days later than date document is received for filing) plicable statutory filing requirements, this date will not be
4.	A description of occurrence that resulted in the limited 605.0707, Florida Statutes, (copy 605.0707 on back co	liability company's dissolution pursuant to section ver letter).
	INK WITCHES LLC was filed fraudulently with a stolen ide	entity.
	Police reports (2017-3150 & 2017-3607) were filed with the	Chautauqua County Sheriff's Department,
	15 E. Chautauqua St., Mayville, NY 14757 (Phone: 716-753	-4232). \Box
5.	. If there are no members, enter the name and address of activities and affairs:	
6. lis	Signature of an authorized person or if there are no me sted above to wind up the company's activities and affair	mbers, the signature of the person appointed and
)	Signature	Bonnic L. Johnson Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: INK WITCHES LLC	
Document number of Limited Liability Company is: L16000205806	
Date of dissolution was: 2/22/2017	
Description of information that must be included in a written claim:	
——————————————————————————————————————	
	<u>ت</u>
	U
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	
A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.	
Bonnie L Johnson Rome Lohnson	
Printed Name of the Person Filing	

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00