

L17000035267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/12/22--01024--009 **25.00

22 OCT 12 AM 5:51

10/12/22 10:51 AM
OFFICE OF THE CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Love the Ocean Gallery

(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:

Marsha Stamatakis

(Name of Person)

Love the Ocean Gallery

(Firm/Company)

3550 Galt Ocean Drive Apt. 1905

(Address)

Fort Lauderdale, FL 33308

(City/State and Zip Code)

For further information concerning this matter, please call:

Marsha Stamatakis

(Name of Person)

at 248 721-6806
(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

22 OCT 12 AM 5:51

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

1. The name of a limited liability company is

Love the Ocean Gallery

2. The Articles of Organization were filed on February 14, 2017 and assigned

document number L17000035267

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).

Covid 19 ended our participation in Art Shows. We decided to end the business.

Covid 19 ended our participation in Art Shows. We decided to end the business.

Covid 19 ended our participation in Art Shows. We decided to end the business.

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

Marsha Stamatakis

3550 Galt Ocean Drive Apt 1905

Fort Lauderdale, FL 33308

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

Marsha Stamatakis

Printed Name

FILING FEE: \$25.00

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OFFICE OF STATE CLERK
FLORIDA