

117000049048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

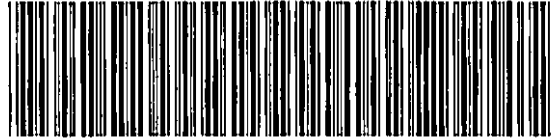
(Business Entity Name)

(Document Number)

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FILED  
18 AUG 20 AM 6:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K SALY  
AUG 24 2016

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ARTSTUDIOGALLERY  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Janet Mishner

\_\_\_\_\_  
(Name of Person)

ARTSTUDIOGALLERY

\_\_\_\_\_  
(Firm/Company)

1748 Independence Blvd, C4

\_\_\_\_\_  
(Address)

Sarasota, Florida 34234

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Janet B. Mishner

941

224-3257

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
(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

FILED  
18 AUG 20 AM 6:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
ARTSTUDIOGALLERY

2. The Articles of Organization were filed on March 2, 2017 and assigned  
document number L 17000049048

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).

I have formed another LLC and filed with the State of Florida. The new LLC incorporates my name.

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

1748 Independence Blvd, C4

Sarasota, FL 34234

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:

Janet Mishner  
Signature

Janet Mishner  
Printed Name

FILING FEE: \$25.00