

L170000 50267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

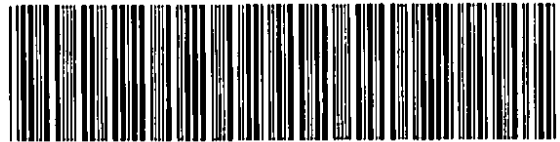
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600323216346

01/14/19--01007--023 \*\*25.00

FILED  
2019 JAN 14 A 1:36  
SECRETARY OF TREASURY  
TALLAHASSEE, FLORIDA

1/17/19 DS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Random Acts of Art, 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:

Allison Keen

(Name of Person)

(Firm/Company)

4459 Woodbridge Rd

(Address)

Niceville, FL 32578

(City/State and Zip Code)

FILED  
2019 JAN 14 A 1:36  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

For further information concerning this matter, please call:

Kristin Keen

(Name of Person)

at ( 850 ) 226-5317

(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

Random Acts of Art, LLC

2. The Articles of Organization were filed on 3/3/2017 and assigned

document number L17000050267

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/18  
(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).

Sole member has closed business due to leaving Florida to attend college in another state.

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

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:

Allison Keen  
Signature

Allison Keen

Printed Name

**FILING FEE: \$25.00**

2019 JAN 14 A 11:36  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED