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SECURE ENTRY OF STATE
DIVISION OF CORPORATE AFFAIRS
18 JAN -2 PM 1:19

K. SALY
JAN -3 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Bohemian Mermaid Islamorada, LLC dissolution
(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:

Alena O'Connell
(Name of Person)

The Bohemian Mermaid
(Firm/Company)

82693 Overseas Hwy
(Address)

Islamorada, FL 33036
(City/State and Zip Code)

For further information concerning this matter, please call:

Alena O'Connell at 305 395-2019
(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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JAN -2 PM 1:13

1. The name of a limited liability company is

The Bohemian Mermaid Islamorada, LLC

Articles of Organization were filed on July 27, 2017 and assigned

document number L17000161318

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).

dissolved partnership

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

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:

Alexa O'Connell
Signature

Alexa O'Connell
Printed Name

FILING FEE: \$25.00