

L17000 238 749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

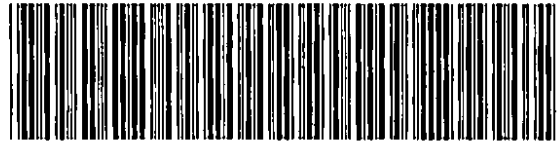
(Business Entity Name)

(Document Number)

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

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2013 APR -8 AM 10:30  
FILING OFFICE

APR 15 2013  
Clerk's Office

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Shannon Kolakowski, LLC  
(Name of Limited Liability Company)

2019 APR -8 AM 10:36  
FILED  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FL

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

Please return all correspondence concerning this matter to the following:

Shannon Kolakowski

(Name of Person)

Shannon Kolakowski, LLC

(Firm/Company)

960 Beverly Lane

(Address)

Newtown Square, PA 19073

(City/State and Zip Code)

For further information concerning this matter, please call:

Shannon Kolakowski

(Name of Person)

at ( 425 ) 4576367

(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**

2018 APR -8 AM 10:36  
FILED  
CLERK OF SUPERIOR COURT  
HARRISBURG, PA

1. The name of a limited liability company is

Shannon Kolakowski, LLC

2. The Articles of Organization were filed on 11/20/2017 and assigned

document number L17000238749

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 moved out of the state of Florida to Pennsylvania. I've incorporated my LLC in Pennsylvania,

and moved all of my business to Pennsylvania. I'm no longer in business in Florida.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Shannon Kolakowski 960 Beverly Lane Newtown Square, PA 19073

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:

Shannon Kolakowski  
Signature

Shannon Kolakowski

Printed Name

**FILING FEE: \$25.00**